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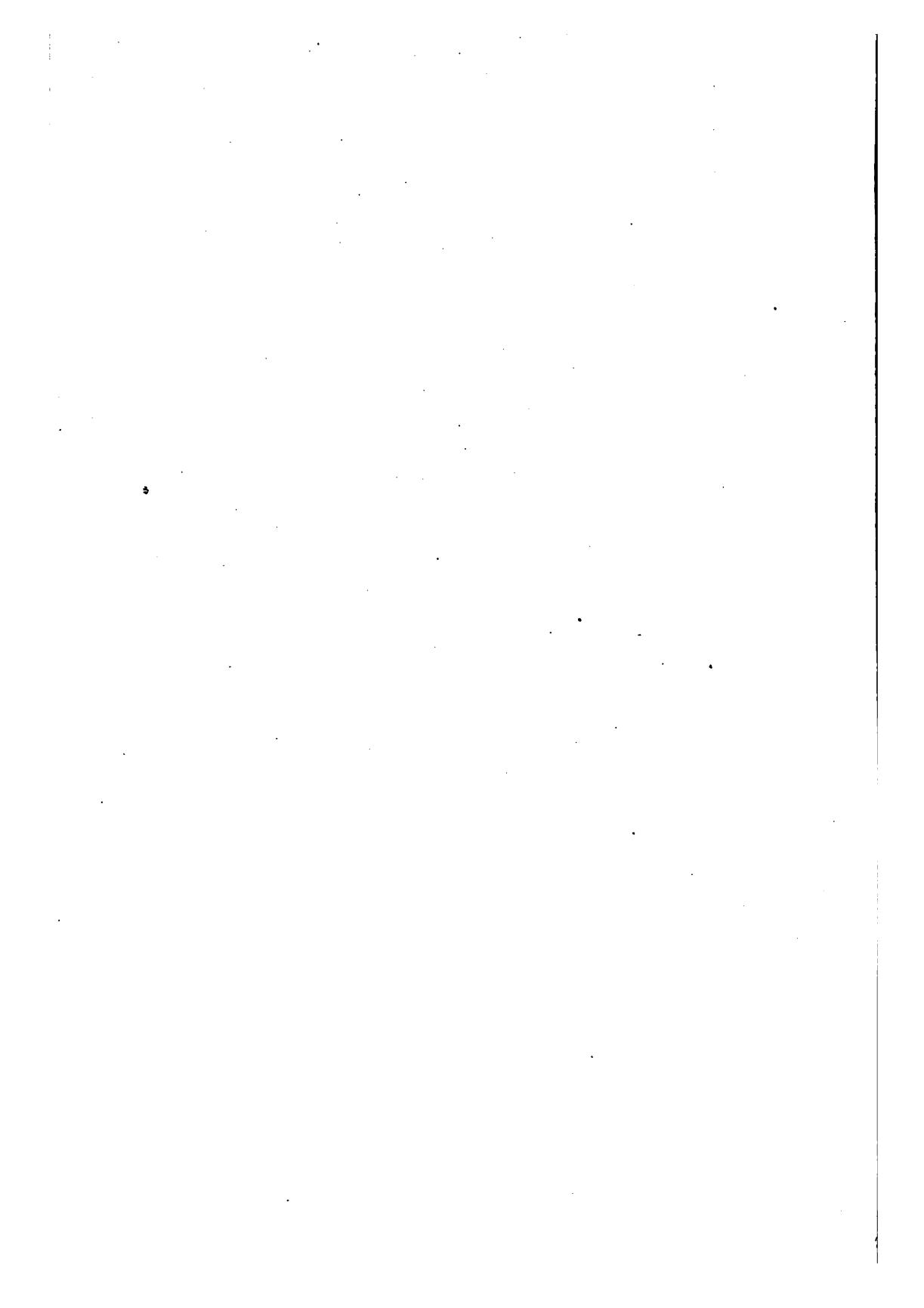
J.J. Church

May 23 1898





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PROCEEDINGS

1896

OF THE

Thirty-Second Annual Session

OF THE

Homeopathic Medical Society

OF THE

STATE OF OHIO,

HELD IN

PIQUA, OHIO, MAY 13 AND 14, 1896.

EDITED BY THE SECRETARY.

AKRON, OHIO :
THE CAPRON & CURTICE CO., PROMPT PRINTERS,
1897.

To the Members of the Homeopathic Medical Society of Ohio:

We respectfully submit the available material at our command from the proceedings of your thirty-second annual session, held in Piqua, Ohio, May 13 and 14, 1896.

R. B. CARTER, M. D.,

T. T. CHURCH, M. D.,

Committee on Publication.

JANUARY 1, 1897.

NOTE.—The delay in the publication of these transactions, together with the omission of some remarks and all discussions of papers, demand an explanation. Dr. A. C. Roll resigned the position of secretary "on account of sickness," and about November 1 a portion of the property of the society then in his possession was forwarded to me as his successor. Prompt examination showed the absence of much necessary material. Inquiry revealed the fact that this had never been received from Stenographer C. S. Medick, of Toledo. Repeated appeals, demands and threats on the part of President Hunt, Treasurer Church and myself, supplemented by personal interviews and remonstrances by Dr. Roll, only served to convince us that the choice of Mr. Medick as a stenographer had been particularly unfortunate. He did not seem to be able to read his own notes, and certainly nobody else could. As he seems execution proof, a suit for damages promises us nothing but expense. Your committee have done the best possible under the circumstances.

R. B. CARTER, *Secretary.*

OFFICERS 1895-6.

PRESIDENT—W. A. PHILLIPS, M. D., Cleveland.
FIRST VICE-PRESIDENT—T. M. STEWART, M. D., Cincinnati.
SECOND VICE-PRESIDENT—EMMA L. BOICE, M. D., Toledo.
SECRETARY—A. C. ROLL, M. D., Toledo.
ASSISTANT-SECRETARY—J. C. FAHNESTOCK, M. D., Piqua.
TREASURER—T. T. CHURCH, M. D., Salem.
NECROLOGIST—D. H. BECKWITH, M. D., Cleveland.

CENSORS.

C. E. WALTON, M. D., *Chairman*, Cincinnati.
C. ZBINDEN, M. D., Toledo.
MARY DENNISON, M. D., Toledo.
H. H. BAXTER, M. D., Cleveland.
R. B. CARTER, M. D., Akron.
F. O. HART, M. D., West Unity.
H. POMEROY, M. D., Cleveland.

OFFICERS 1896-7.

PRESIDENT—M. P. HUNT, M. D., Columbus.
FIRST VICE-PRESIDENT—W. A. GEOHEGAN, M. D., Cincinnati.
SECOND VICE-PRESIDENT—J. T. ELLIS, M. D., Waynesville.
SECRETARY—A. C. ROLL, M. D., Toledo.
ASSISTANT-SECRETARY—R. B. CARTER, M. D., Akron.
TREASURER—T. T. CHURCH, M. D., Salem.
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PROCEEDINGS
OF THE
THIRTY-SECOND ANNUAL SESSION
OF THE
Homeopathic Medical Society
OF OHIO.

MINUTES.

First Day—Morning Session—Tuesday, 10:30 A. M.

The thirty-second annual session of the Homeopathic Medical Society of the State of Ohio was opened in the Y. M. C. A. Hall, Piqua, at 10:30 A. M., May 13, 1896.

Dr. W. A. Phillips, of Cleveland, President, called the assembled physicians to order, and, after briefly stating the purpose of the meeting, invited the Rev. T. L. Hughes to invoke the divine blessing. Following the order, the President introduced Hon. Jas. Ward Keyt, Mayor, who spoke as follows:

ADDRESS OF WELCOME BY MAYOR KEYT.

Ladies and Gentlemen, members of the Homeopathic Society of the State of Ohio:

I can say in behalf of the citizens of Piqua that we extend to you a kindly greeting. This is the first opportunity for a long time that we have had the privilege of entertaining so representative a society as we have here to-day. I congratulate the Homeopathic fraternity of the world that this is the beginning of the second century of time in which you have had a distinct school of medicine. One hundred years ago this year Hahnemann first enunciated the principles to which you are adherents, and gave them the distinction of a distinct school. Previous to that time it seems each physician followed his own inclinations in the practice of therapeutics, and Hahnemann was the one who reduced them to a science. Seventy years have elapsed since his principles were introduced in medical science in America. It seems at first these principles were considered too radical, and to practice them was denominated by the old school as "heresy," but now your school numbers thousands, and especially has it been productive of good to America. We are glad to welcome you here to-day. We trust your short stay with us will be pleasant, and that you will carry away from Piqua pleasant recollections of us. We are thankful that you selected this city as your place of meeting. You will find, we trust, that we are hospitable, and that we will do everything we can to make your stay here pleasant and enjoyable. We ask you to make yourselves at home among us. Whatever you do not see, that you want, ask for; we will be glad to give it to you. You have the keys to the city. There has been a general impression that the old idea of physicians "bleeding" has almost passed away. That is a mistake in Piqua. I had a short spell of sickness last fall, and if you do not believe that physicians can "bleed" all you would have had to do was to look at my pocketbook after that sickness was over. Again, in behalf of the citizens of Piqua, I extend to you and your society a most cordial welcome.

The Mayor's address was carefully listened to, and at its close the physicians present liberally applauded the sentiments expressed. After order had been restored, Dr. J. A. Gann, of Wooster, on behalf of the Society, responded as follows :

RESPONSE TO ADDRESS OF WELCOME.

I certainly appreciate the honor of responding in behalf of the Homeopathic Medical Society of Ohio to the kindly words of welcome to which we have listened, and I can assure your Honor

we had already realized the genuineness of your welcome before your words were spoken. So frank and hearty has already been our reception, that we have fallen in love with your beautiful city. You have anticipated our weaknesses and susceptibilities, and have thrown around us the warm ties of friendly greeting, and we confess ourselves captured. It has generally been our fortune as a society to be welcomed by cities whose population was measured by the scores of thousands, but to-day we have ample evidence that large cities are not the only ones that can be big hearted, for we find here to-day a city of scarcely a score of thousands, the hearts of whose citizens are big enough and warm enough to welcome and provide for all who, with us, may come within its borders. Apropos to the words of welcome comes the thought that perhaps by no men, as a class, are words of welcome more appreciated than by the class who, as a society, meets in your city to-day.

Dealing with the interests pertaining to the well being of humanity, battling at times with odds well nigh insurmountable, posseing on at times with an apparent forgetfulness of self and family that to some might seem scarcely justifiable, do you wonder that words of welcome and appreciation possess to us a sweetness and inspiration only proportionate to the magnitude of the interests involved and the self-sacrifice necessary to the discharge of accepted responsibilities? Estimate, if it is possible, the feelings of parental solicitude as it watches the lights and shadows of expression that passes across the physician's face as hope and fear alternately possess his consciousness. Measure, if you can, the depths of filial devotion as with almost superhuman endurance the loving ministry of home joins that of the physician in his efforts to drive away that King of Terrors. Who, with equal footsteps, comes to the palace of the rich and the hovel of the poor, and then will you be able to measure the depths of the fountains of joy that swell up in the physician's heart as expressions of confidence and the substantial evidence of tangible appreciation attest the genuineness of those hearts whose thoughts, perhaps, could be but illly clothed in any garb of language.

With these thoughts gladly do we accept the welcome you have given us, and, without multiplying words, as you have measured the welcome to us in such generous fullness, may it be measured to you again in peace and prosperity to the homes of Piqua and all her interests.

On motion, adjourned until 1:30 P. M.

AFTERNOON SESSION—1:30 P. M.

Secretary A. C. Roll presented the following as his annual report, and on motion it was duly accepted.

SECRETARY'S REPORT.

As Secretary of this Society, I have the following report to submit for your consideration: One year ago at Cleveland a total membership was reported of 271 members, and at that meeting 48 names were dropped from the list, and 33 new ones added, which now leaves a total membership of 256. Nine hundred and fifty physicians have been notified of the Piqua meeting; also notices have been sent to the leading journals and newspapers.

I herewith present for your consideration the resignation of Dr. H. F. Biggar, of Cleveland, from this Society.

The expenses of the office for the current year have been: For postals, printing and mailing circulars and programs, \$53.50, \$33.75 of which has been paid for printing, and the balance for postage and mailing, vouchers herewith presented.

With thanks to the society, and especially to the chairmen of the different bureaus for their prompt support,

I remain with respect,

ARTHUR C. ROLL, M. D., *Secretary.*

Approved:

W. B. CARPENTER,

C. K. CONARD,

Auditing Committee.

The Committee on Credentials was appointed as follows: Drs. J. W. Means, R. B. Carter and R. B. House.

The Treasurer, Dr. T. T. Church, of Salem, presented the following report, which, upon motion duly seconded, was accepted:

TREASURER'S REPORT.

T. T. Church, Treasurer, in account with the Homeopathic Medical Society of the State of Ohio.

Dr.

To balance, May 14, 1895.....	\$129 45
To cash received from fees, dues and assessments.....	480 00

Total cash.....	\$609 45
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Cr.

By Dr. Thos. M. Stewart,	as per bill.....	\$ 12 50
By Messrs. Armstrong & Fillmore,	"	29 90
" " "	"	369 00
By Dr. Frank Kraft,	"	25 00
By Hahnemann monument,	"	100 00
By the A. K. Tatem Label Company,	"	2 00
" " "	"	4 25
" " "	"	1 50
By freight and drayage,	"	1 80
By Mr. Thos. J. Walton,	"	3 00
By Borricke & Tafel,	"	2 00
By postage.....		44 70
By twine.....		40
By collecting drafts.....		40

Total expenses.....		\$596 45
Balance on hand, May 12, 1896.....		13 00

		\$609 45

Our Society consists of 221 members, of whom 10 are honorary members, 24 reside in other States, 65 are clear on the books, 95 have paid to the January assessment, 13 have paid to May, 1895, 4 have paid to May, 1894, 10 have paid to May, 1893.

One death, Dr. J. R. Flowers, of Columbus, has been reported to me during the year.

Five resignations have been received: Dr. W. A. Hanlin, Dr. Martha M. Howells, Dr. E. C. Morrill, Dr. Abner Thorp, Dr. S. L. Thorpe.

Five have removed from the State without paying their dues. Six of the physicians elected to membership in 1895 have not paid either fee or dues, and 22 have paid to 1892, making a total of 40 to be dropped from the rolls according to the By-Laws and Standing Resolutions governing such cases.

Some of our members have paid in advance, and have a total credit of fourteen (\$14.00) dollars on their accounts.

As you have noticed, the expenses have been greater the past year than they were the year before. The contribution to the Hahnemann monument fund was extra. The Transactions for 1895 contained 112 pages more than those for 1894, and the postage was 6 cents a copy more.

The Treasurer congratulates the Society on being able to report a balance under these circumstances. It has been his privilege

recently to see copies of the 'Transactions issued by some of our sister societies, and it is very gratifying to know that we are not the least prosperous, financially speaking.'

Respectfully submitted.

T. T. CHURCH, *Treasurer.*

The President appointed the following as an Auditing Committee: Drs. W. B. Carpenter, C. K. Conard and C. R. Coffeen

The Committe on Credentials reported the following colleges, institutions and societies, with the names of their representing delegates in attendance:

Pulte Medical College of Cincinnati—J. D. Buck, M. D., and T. M. Stewart, M. D.

Cleveland Medical College—T. C. Martin, M. D.

Cleveland University of Medicine and Surgery—W. A. Phillips, M. D.

The Homeopathic Medical Society of Eastern Ohio—T. T. Church, M. D.

The Miami Valley Medical Society—J. C. Fahnestock, M. D.

The Cleveland Homeopathic Society—D. H. Beckwith, M. D.

The Cincinnati Homeopathic Lyceum—C. E. Walton, M. D., and W. A. Geohegan, M. D.

The Cincinnati Free Dispensary—L. D. Meader, M. D., and S. R. Geiser, M. D.

NOTICE—Report of delegates never received.—*Secretary Carter.*

The President called the Vice-President to the chair, and delivered his annual address as follows:

PRESIDENT'S ADDRESS.

BY WILLIAM A. PHILLIPS, M. D.

Members of the Homeopathic Society of the State of Ohio :

I take this, my first opportunity, to thank you most cordially for electing me to preside over your deliberations this centennial year of Homeopathy. It is a year shadowing forth substantial advancement along the whole line of medicine. Energetic, sagacious minds are on the alert in every department of the profession, and with persistent industry and constantly improved methods of research, we can look forward with the most confident expectation that medicine, as an art and a science, will keep pace with other branches of learning. The signs of the times were never more

hopeful for progress, in that an age of reason and of investigation is reigning well nigh supreme. The inquiring mind of the intelligent man is not satisfied with speculations, with traditions, with superstitious notions, with faith unsupported by logic and demonstration. It is a day when facts, even, are looked upon with suspicion, and a long list of credentials are demanded, in order that they may sit near the footlights and watch the play of the principles which they support. Principles themselves are having a restatement, and the old grounds of belief, which have been held sacred, are again subject to the harrow, new seed is sowing, and better fruit will be the result in the harvest yet to be reaped. Who shall presume to limit the field of knowledge in its extent, or in its power of production? The keen study devoted to physiology; the experimentation and observations devoted to nutrition; the fine shades of differences discovered in the action of remedies; the accumulation of differentiating symptoms of the various diseases requiring profound discernment; the influence of the mind over the body, in health and disease; climatology; sanitary regulations—all these in their relation to the preservation of health and the glory of medicine, are some of the subjects which are, apparently, nearing a more practical and scientific elucidation than ever before. It is a firm conviction, supported by signs along the horizon, that the time is not far distant when a more thorough comprehension of physiology and pathology on the one hand, and a profound knowledge of drug action, aided by preventive measures on the other, will enable the physician eventually to treat the more serious and obscure diseases as successfully as he now does the most simple and easily cured. Witness, in this line, the improvements made up to date, in the treatment of diseases formerly so fatal as cholera, yellow fever, smallpox, typhoid fever and diphtheria. Physiology and pathogenesis have just gained their feet and are beginning to walk; in another century we may hope to see them on a bicycle. Progress and skillfulness are in the air as floating germs that are bound to grow and flourish like the banyan tree, which strikes its branches into the soil, forming new trunks, thus increasing its strength and protection.

It was the genius of Hahnemann, who comprehended and for-

mulated the great law that concerns us all, from the cradle to the grave, and which gives us abiding and trustworthy confidence. As a school, we believe that it is mainly to the law of Similia that we are to look for a restored co-ordination of forces in all cases of disease; and, furthermore, that this process is enhanced by the single remedy more or less attenuated. Let it be remembered that the homeopathic school is the first and only sect in medicine that ever based its practice upon a definite, clearly formulated law of cure. Be it remembered that Hahnemann was the first physician who instituted a systematic proving of drugs to ascertain their pathogenetic relation to the human economy. And be it remembered, also, that it is the only method by which a new remedy can be speedily tested, to show its distinctive action and worth. The law and the provings are substantial ground. If, perchance, we wander away from the tenets of our school, we need not be wholly lost, for, like the prodigal son, we always have a father—even Father Hahnemann—to whom we can return and be forever welcome. We may be pardoned if we rejoice, too, that the principles enunciated by our school have rendered it conspicuous, that we have a gradual advancement throughout the civilized world; that our colleges, our journals, our text books, are everywhere commanding respect; that cultured people are our patrons, and that our practitioners are energetic, well read, and honorable men and women.

It is a record worthy of imitation; it is a record to inspire new recruits with an ambition to preserve and enhance the reputation which the school at present enjoys; it is a record that binds us all to the past, and makes the future prophetic of achievements in keeping with the demands of scientific attainment.

And who, this centennial year, will be so unmindful of his trust, so forgetful of his relation to the dignity of his profession, as not to buckle on his armor anew, and resolve that each succeeding day of his experience shall be better than the preceding one? Who will not seek to learn something new, and strive to discharge his duties a little more skillfully than ever before? Recollect that you owe to the opportunities afforded by the profession you have chosen all you are, and are likely to be; and, as some return for

this opportunity, prove, by your faithfulness to the principles of our school, by your earnest support of medical organizations, by familiarity with our literature, that you are a worthy champion of a worthy cause. No physician can too fully realize that the permanent growth of his school not only depends upon correct principles and a knowledge of how to apply them, but it depends in equal measure upon the determination and enthusiasm of its individual members. The profession, and the laity as well, have a profound admiration for any man, or body of men, who vigorously and conscientiously defend their own institutions.

The past year has been somewhat remarkable in the field of medicine, through a system of keen investigations conducted along the line of bacteriology. Learned men have been earnestly at work to determine as accurately as possible the role played by micro-organisms in the production and transmission of disease. This work has naturally been followed by researches into both preventive and curative measures.

With more or less success in each of these departments of prevention and cure, we may regard the study of the year as having brought substantial gain to the progress of medicine. These investigations being comparatively in their infancy, important questions have promptly come to the front which are in dispute because of the want of a sufficient number of facts to establish whether this view or that be correct. For example, there is a diversity of opinion whether certain diseases are induced by micro-organisms, or whether the organisms are merely a prolific growth, finding suitable sustenance in the abnormal products of the disease. But, that various bacteria are themselves pathogenic, and others innocuous, except as they accidentally carry infectious matter, are facts clearly established; but the classification of all known bacteria in relation to their pathogeny is still incomplete. The experimentation that it has been possible to carry on by the inoculation of animals, both in producing and preventing certain virulent diseases, such as anthrax, tuberculosis, glanders, erysipelas, pleuro-pneumonia and cholera, has demonstrated that these affections are due to the toxines of bacterial parasites. It has been possible, therefore, to establish prophylactic measures on a firm foundation,

and the relative value of germicides has only been a matter of extended and accurate observation. The difficulty of dealing with this question in respect to infectious diseases of the human family has necessarily been great, but enough has been learned by experimental evidence to show that a new field has been opened up in the realm of preventive medicine, if not also in therapeutics.

While statistics, unless based on the most scientific methods, are likely to be misleading, the facts gathered in this country and Europe, relative to the value of antiseptics differently applied, serve to show that internal medication has a powerful adjunct in the application of the antiseptic preparations. While it might seem, from a superficial view, that homeopathy is meeting a most formidable rival in the various serums or antitoxines as compared with attenuated remedies, it is to be recollectcd that the law of Similia is not based on the doctrine of attenuation, high or low; or upon this or that kind of remedy, but is rather a matter of clinical observation based on the law. We may assume, for the argument, that all disease is caused and perpetuated by germs. What then? Does the dynamization of drugs fall lifeless into the pit? The answer is found in a series of experiments made by the late Carl Von Naegeli, the distinguished German botanist, and confirmed by his pupils, who carefully repeated his experiments after his death. His investigations were based on statements made by Loew and Rockorny relative to the toxic effect of infinitesimal amounts of certain salts on some of the lower micro-organisms. (Resume of the same by Dr. W. J. Martin, in Trans. Hom. Med. Soc. of Pa., 1896, from which I quote.)

Raullin succeeded in showing that nitrate of silver, in the proportion of one part in 1,600,000 parts of water, would inhibit the growth of *aspergillus niger*, and still further discovered that this organism would not live in water placed within a silver vessel, although no silver could be detected by the most sensitive reagent.

He found that in the death of the organisms by the infinitely dilute solutions, the chlorophyl spirals separate from the plasma, which remain in place; they become shorter, agglomerate, and the cells maintain their turgescence. Naegeli, therefore, decided that death occurred through the action of some hitherto unknown

force. He observed that death occurred in three or four minutes in a solution of 1-1,000,000,000,000,000 (one sextillionth) part of corrosive sublimate. This is approximately equivalent to one grain of corrosive sublimate to one trillion tons of water. Or the trillionth part of a molecule to a quart of water. There were other substances that could bring about unexpected results. Gases, nitrous acid, which is found in appreciable amount in the water of Munich, were all incriminated and other waters employed, but the result was the same. He found that many reputed insoluble substances, such as gold, silver, iron, copper, mercury, lead and zinc, by their mere presence in water, produced the same effect. Gold coins placed in water would vary in toxic effect according to the time they were placed in it, and according to the number. The fact was also revealed that this toxic power could be destroyed by adding to the water, soot, flour, fibres of wood and of silk. Now, here is dynamization that puts the most radical homeopathist to his wit's end, and that, too, from a most unexpected source.

The question now very naturally arises: If the trillionth part of a molecule of any substance in a quart of water can kill the cells of any micro-organism whatever, why might not a drop of any dilution of a medicinal substance possibly modify the molecular arrangement of nerve cells as well as of vegetable cells? May we not consistently inquire whether the cell structure of the nerves of as highly an organized being as man is not as easily acted upon by toxic agents as the cells of an organism having no nerves at all? But if we stop and consider what we call chemical action only, we are equally bound to recognize a dynamic force that precedes and produces the minutest changes. In fine, we are from every standpoint—physical, metaphysical, philosophical—forced to admit that all chemical and physiological action has its starting point in the inconceivably small; and that destructive or reparative processes in cell structure begin in point of time, space and amount far beyond the limit of demonstration, if not beyond all possible comprehension. There seems to be no doubt from the testimony of investigators that the destruction of micro-organisms by the stronger solutions is through a distinctly chemical process; and hence, that incalculable benefit results from the use of germicides.

by directly destroying the bacteria, and thus preventing the formation of the toxines they produce. But in the form of the death of the cells through a force Von Naegeli was unable to explain, and which he named "oligodynamia," we get a glimpse of the principles of the dynamic action of drugs for which Hahnemann contended, and which he embodied in his most comprehensive formula. If there is anything inherently absurd about this action of inconceivably minute quantities of various substances, it belongs to the physiologist to explain it. But to the physician, fortified by clinical experience, the law, and the provings, the absurdity is certainly not of a kind to impair our faith in the dynamic action of attenuated remedies.

Since the discovery and improvement of the microscope, and the observation of forces we can recognize but not explain, the profoundest scholars are beginning fully to appreciate that the infinitely minute promises far more remarkable developments than the infinitely great. As the telescope resolves apparently uniform nebulae into myriads of blazing suns, so may the ingenuity of man yet reveal to sight myriads of elements that render the cells of the human body characteristic of their function. None of the researches that have been conducted from Hahnemann's day to this have brought forth results that can in any way weaken the confidence that we as a sect have reposed in the established tenets of our school. In fact, so far as the testimony of the collateral branches of medicine can confirm the principles of any school we have reason to stand firm in our convictions.

It would carry me far beyond the limits of a paper appropriate to an occasion like this to attempt to describe the advances in medicine and the collateral branches since the time of Hahnemann, which has made our art what it is to-day. But it is appropriate to call attention to the profound and far-reaching influence of a man who grasps and promulgates a thought in advance of the teachings of his contemporaries. But it is to be observed that a radical difference exists between men who express opinions merely and those who enunciate principles or make discoveries that are valuable for all time. Hippocrates and Galen, who each swayed the medical world for more than a thousand years, are remembered

as names—their doctrines are forgotten ; but as the names of Galileo and Kepler suggest the laws of planetary revolution ; Newton the law of gravitation ; Spencer the law of evolution ; so will the name of Samuel Hahnemann ever suggest the law of Similia.

In the line of discoveries it is interesting to note from what unexpected sources some of the greatest results are obtained. One example may suffice : How improbable it would have seemed in the first discussions upon the theory of spontaneous generation that the subject would ultimately lead to the most practical improvements in medical science ! Yet from this, the whole branch of bacteriology—the whole doctrine of zymotic diseases ; the whole method of antiseptic surgery ; and all the principal preventive measures in regard to diseases in general have resulted from this insignificant origin. It was in this field that it was first observed that fermentation is not a chemical process, but a change due to micro-organisms. It is in this line of study, too, that sanitary science has grown to its present importance, promising to become as great a boon to humanity as the growing modifications of medicine itself.

The most important single discovery in any way relating directly to medicine during the past year is that of the X rays. Even if the present method of employing these rays should not be greatly improved upon, experts will still be able to render the profession signal service. This will be especially true in respect to the department of surgery. Thus while the physician, by his clinical experience and original investigations, is making a record with his attenuated drugs, the scientist comes forth and establishes a reputation with his attenuated light. So day by day we are coming to see, more and more, the wonderful influence of the infinitesimally small.

It is a source of congratulation that the commonwealth of the State of Ohio has finally an active law relative to the practice of medicine. To those who have the opportunity to know the real merits of judicious legislation in this direction it seems unfortunate that a really *suitable* law should still be deferred. The present law is good so far as it goes, and will no doubt prove a stepping

stone to other provisions which will be of value to all well-trained practitioners, as well as the laity who are imposed upon to a far greater degree than the profession. It is unfortunate that the various schools of medicine should come into direct conflict respecting the interests of all concerned in this matter; but on that account this society should be alert in urging such measures as will protect our own interests, and at the same time honorably discharge our duties to the profession at large and to the laity.

The legislative committee appointed by this body has been very active and consistent in its work, and should at least be reimbursed for the money expended. In addition to this it is especially recommended that a fund be raised by the Society during the present session to meet the necessary outlay for the ensuing year.

It is further recommended that the Society, early in the session, take into consideration the question of adopting the method of sectional meetings with a view of gaining more time for discussions. This may properly be referred to a special committee, or decided in a committee of the whole. Conducting two bureaus at the same time seems preferable to lengthening the session to three days.

In conclusion, ladies and gentlemen of the Society, the president would urge upon you the grand importance of maintaining a high order of interest and enthusiasm concerning the progress of our school. Lend a strong and willing hand to the support of our societies, to the support of our journals, our text books and our colleges. The older institutions in any department of learning become, the more likely they are to be sadly conservative and to rely upon the momentum they have already acquired to push them to the front, forgetting that the initial energy will expend itself and must be sustained by the addition of constantly renewed force. We have not yet risen to that prominence that we can sustain ourselves without effort. We were not propelled from the great body medical with a velocity that enables us to circle about the dominant school like one sun around another. We have not the numerical or literary strength which gives that independence and self-reliance necessary to a great school. We cannot live on the honors already acquired, for the times demand activity, demand

earnest research, demand conscientious, persistent work; and he who is alive to the progress that goes to make up the spirit of the age is the man who will do honor to his profession, and improve the talents given him for a career of usefulness. With the eminence our school has attained in the struggle for recognition during the first century of its existence; with the brilliancy of its prospects through superior educational advantages; through its loyal practitioners; with the encouragement and patronage we enjoy at the hands of cultivated people; with the acknowledged influence our school has exerted upon the heroic methods previously employed; with a sturdy, substantial growth, and rarely a deserter from our ranks, who is he who will not stand bravely by his colors? Who shall be so timid as to fly at the first signal of danger to old-school mixtures, or, to what is equally reprehensible, the use of "combination tablets" found in some of our own pharmacies? Let our therapeutics be pure and undefiled, and thus will our record do honor to the cause we profess.

The following committee was appointed on the Presidential address: Drs. M. P. Hunt, J. H. Wilson and W. A. Geohegan; also to act as a special Auditing Committee as to the disposition of bills of expense presented by the Legislative Committee.

Dr. D. H. Beckwith, as Necrologist, reported the deaths of J. R. Flowers, M. D., F. L. Flowers, M. D., and T. E. Wells, M. D. (See memorial notices.)

Secretary Roll read a characteristic communication from Dr. E. C. Morrill, of Norwalk, relative to medical registration, and on motion this communication was laid upon the table indefinitely.

The following letter from Dr. H. F. Biggar was then read:

CLEVELAND, O., Nov. 4, 1895.

*Dr. A. C. Roll, Secretary Homeopathic Medical Society of Ohio,
Toledo, Ohio:*

DEAR DOCTOR—You will oblige by presenting my resignation as a member of the Homeopathic Medical Society of Ohio, at its next meeting to be held at Piqua. Yours very truly,

H. F. BIGGAR.

After some remarks had been made by several members, on motion the Society unanimously accepted the resignation.

During the several sessions of the Society, the Board of Censors reported the following applicants for membership, who, having complied with the requirements of the Constitution and By-Laws, and having been recommended by the Board of Censors, were duly elected to membership :

REPORT OF THE BOARD OF CENSORS.

Arndt, G. D.,.....	Mt. Vernon Homeopathic College, University of Michigan, 1888.
Bickerstaph, Thos. A.,.....	Tontogany Hahnemann Medical College of Chicago, 1895.
Bittinger, Frank D.,.....	Dayton Hahnemann Medical College of Chicago, 1888.
Ferris, Charles,.....	College Hill Pulte Medical College, 1895.
Gill, Luther T.,.....	Gibsonburg Cleveland University of Medicine and Surgery, 1896.
Hunt, Francis M.,.....	Piqua Cleveland Homeopathic Hospital College, 1888.
Hunt, J. S.,.....	Athens Pulte Medical College, 1891.
King, Eliz. B.,.....	Willow Dell Homeopathic Medical College of Missouri, 1883.
Knight, Thomas W.,	Portage Hahnemann Medical College of Chicago, 1893.
McCann, T. A.,	Dayton Hahnemann Medical College of Chicago, 1889.
McClure, W. B.,.....	Martin's Ferry Pennsylvania University, 1873.
Meade, C. C.,	Cumminsville Pulte Medical College.
Mohn, D. L.,.....	Massillon Cleveland University of Medicine and Surgery, 1896.
Nelles, A. B.,.....	Columbus University of Michigan, 1890.
Palmer, H. E.,.....	Dayton Homeopathic Medical College of New York, 1885.
Pulford, William Henry,	Delaware Cleveland University of Medicine and Surgery, 1894.
Ruhl, H. C.,.....	Leipsic Pulte Medical College, 1894.
Sigrist, C. W.,.....	New Philadelphia Cleveland Medical College, 1894.

Smith, Francis A.,	Zanesville
	Pulte Medical College, 1891.
Stacy, Sumner A.,	Coshocton
	Homeopathic Medical College of New York, 1886.
Stafford, F. A.,	Toledo
	Hahnemann Medical College of Chicago, 1895.
Von Fried, A.,	Cleveland
	Cleveland University of Medicine and Surgery, 1896.
*Williamson, W. P.,	Tippecanoe City
	Pulte Medical College, 1879.
Wine, J. Wilford,	Troy
	Homeopathic Medical College of Chicago, 1895.
Wollam, F. W.,	Jerry City
	Hahnemann Medical College of Chicago, 1893.
Wyland, Frederick,	Columbus
	Starling Medical College, 1891.

The Auditing Committee reported through Dr. W. B. Carpenter as follows :

Members Ohio State Homeopathic Medical Society:

Your Auditing Committee would report that they have examined so much of the Secretary's report as was referred to them, and find it correct. That they have also examined the report and books of the Treasurer, and find them all correct, and would commend him for neatness and accuracy.

That they have considered the bills of expenses incurred by the Legislative Committee in their work toward securing the recent State medical legislation, and would recommend that they all be paid, as well as the \$25.00 asked of the Society to help pay the fee for legal examination of the Kimmel bill. The income of the Society from the usual sources being too small to pay the necessary expenses, these extras your committee would suggest that at this meeting an assessment be made to provide for the unusual accounts. The items of these bills have been handed to your Special Committee appointed to consider the needs of our legislative work, and will be presented to you by them.

Respectfully submitted.

W. B. CARPENTER,
C. K. CONARD,
C. R. COFFEEN,

Auditing Committee.

*Deceased.

The Special Auditing Committee reported through Dr. M. P. Hunt as follows :

To the Homoeopathic Medical Society, State of Ohio :

The members of the Special Auditing Committee, to audit account of Legislative Committee, would recommend the payment of the following accounts :

C. E. Walton.....	\$11 00
H. H. Baxter.....	11 00
H. E. Beebe.....	45 16
P. H. Sigrist.....	8 00
R. B. House.....	4 80
	<hr/>
	\$79 96
Legal services.....	25 00
	<hr/>
	\$104 96

Respectfully submitted,

M. P. HUNT,
J. H. WILSON,
W. A. GEOHEGAN,

Special Auditing Committee.

The reports were received, accepted, and the committees discharged.

In response to an inquiry made, Treasurer Church stated that the payment of the \$104.96 just voted to reimburse the Legislative Committee for expenses incurred and paid by them, would, in his judgment, render it necessary to suspend or omit the publication of the '96 Transactions for want of funds.

On motion it was unanimously voted to levy an assessment of \$1.00 per member to assist in the publication of the '96 Transactions and the other incidental expenses of the year.

The Bureau of Registration, Legislation and Statistics was then called, and through its Chairman, Dr. H. E. Beebe, reported the following papers :

Dr. W. B. Carpenter, "Shall Homeopathy Be Represented in Our State Institutions?"

Dr. H. E. Beebe, "Progress to Date."

The Bureau of Materia Medica was then called, with Dr. Henry Snow as Chairman, but, he not being present, Dr. Wm. Owens filled his place. The following papers were presented :

- Dr. Henry Snow, "Thuja Occidentalis."
Dr. A. W. Reddish, "Mercurius and Syphilis."
Dr. J. A. Gann, "The Nerve Line in the Materia Medica."
Dr. J. C. Fahnestock, "A Proving of Thlaspi Bursa Pastoris."
Dr. F. O. Hart, "The Homoepathic Treatment of Chronic Alcoholism."
Dr. Flora Waddell, "Calcarea Carb."
Dr. Wm. Owens, "Science in Medicine."

Adjourned at 5 P. M.

TUESDAY EVENING—BANQUET.

Brilliantly illuminated and artistically decorated was the dining hall of the Hotel Plaza for the banquet that was given within its walls for the members of the Society and their friends.

The music for the occasion was furnished in an exquisite manner by Miss Lena Hart, the girl violinist, and consisted of the following :

- Violin Overture. Schlepegrell
"Tyroler Heimaths-Klange" Kafka
"Fantasie, Op. 94"..... Singelee

Dr. Arthur C. Roll, the toastmaster, saw that the guests were seated, and then, calling them to order, invited the Rev. Charles Herron, of Troy, to give the invocation.

In the following words the guests were welcomed :

There are many things in nature
Which, indeed, are very strange ;
Many things which, all around us,
While looked upon in form are changed,
Nature's panorama presents a constant transformation,
Which makes close observers
Ever seek for information.
Even truth, from change, is not entirely free ;
The accepted truth of yesterday,
To-day, is an absurdity.
But a transformation will this very night take place,
Which to me doth stranger seem than any yet recorded case.

The thing which now puzzles me
 Is how this repast will transformed be
 To men and women like you and me ;
 But I can say with truth, at least,
 You are welcome to this feast.

Seated at the tables were members and friends to the number of one hundred and sixteen, while the spread of the evening consisted of the following :

... Menu

Bouillon en Tasse.

Olives.	Sweet Relish.	Radishes.
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Boiled Potomac Shad, Tartar.

Pommes Italiennes.	Sliced Cucumbers.
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Tenderloin of Beef, Larded, with Mushrooms.

Asparagus Tips.

Soft Shell Crabs on Toast.

New Peas in Cream.

Champagne Punch.

Chicken Salad.

Neapolitan Ice Cream.	Assorted Cake.
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Strawberries and Cream.

Cream Cheese.	Water Thins.
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Coffee.

THE TOASTS.

First in order was a toast, "The New Woman." Response by Dr. W. A. Phillips, in part, as follows:

Mr. Toastmaster, Ladies and Gentlemen:

I am satisfied that the new woman is an element in society that demands attention. Not only in the medical profession do we meet her, but in every walk of life. Young women are taking the places of men in many different channels, and it is a matter worthy of our best consideration. It is a fact that many men are crowded out of positions because they cannot exist on the wages that women are willing to work for. The average woman compares favorably with the average man, but I consider she loses much more than she gains when she undertakes to compete with him in business life.

Toast—"The Centennial of Homeopathy." Response by Dr. D. H. Beckwith. After a beautiful eulogy upon Piqua and the Plaza Hotel the doctor spoke in substance as follows:

Just think, ladies and gentlemen, what has been accomplished in one hundred years, or even in my short lifetime. Seventy-three years ago homeopathy was first introduced into America. After slowly fighting its way it finally reached Ohio in 1846. And now homeopathy has progressed in this country to such an extent that there is hardly a city or town that does not have its homeopathic physicians. We have our hospitals. We have our surgeons, second to none in the world, and we are now not only acknowledged but recognized as the equal of the "old school." This much has homeopathy accomplished in the last one hundred years.

Toast—"The Country Doctor." Response by Dr. M. H. Parmelee. The doctor said as it was 12:30 he would not inflict a speech upon the Society, and closed his remarks with an amusing story of an experience of a "country doctor."

Toast—"The Future of Scientific Medicine." Response by Dr. J. D. Buck. The doctor said, in part, as follows:

We can determine somewhat of what progress is likely to occur in medicine in the future by the progress that has been made in the last fifty years, and we may readily believe that in the future medical science will advance even faster than it has advanced. I am free to say, as a surgeon and homeopathic physician, that the best work and greatest progress in medical science will be made by our school.

The last, but not least, on the programme for the evening was Dr. Charles E. Walton, who responded to "A New Application of the X rays" in the following witty manner :

The use of the X Ray has heretofore been discussed almost exclusively from a medical standpoint, but I want to note its use to the general public. I hope the X ray may be made useful in other ways than in medicine. It is not beyond the imagination to presume that such perfection may be reached in the use of the X ray that it would be possible to examine the brains of applicants for positions to determine their qualifications.

The doctor illustrated this point by several amusing stories, which closed the banquet programme.

Shortly after midnight the toastmaster announced that the festivities were over, and the guests departed.

Second Day—Wednesday, 9 A. M.

The Committee on President's Address reported as follows :

To the Members of the Homeopathic Medical Society of the State of Ohio:

Your committee to whom was referred the President's address beg leave to report as follows :

We commend the scholarly and masterly manner in which the President has reviewed recent progress in medical science, as well as the thoughts and suggestions set forth for the good of the Society.

We favor the suggestions of the President to reimburse the Legislative Committee for expenses incurred in the discharge of its duties, and would recommend the appointment of a special committee to audit its accounts and make estimates of the probable expenses during the ensuing year.

We endorse the President's suggestions, and recommend that the bureaus of Gynecology, Ophthalmology and Otology, Laryngology and Rhinology, Sanitary Science, Anatomy, Physiology and Pathology, and Neurology report in sectional meetings, the program to be arranged by the President and Secretaries, and announced in advance.

We heartily endorse the President's condemnation of "old school mixtures" and "combination tablets" of our own pharmacies, with their wholesale recommendations appended thereto, as opposed to the spirit of true homeopathic practice.

Respectfully submitted,

M. P. HUNT,
J. H. WILSON,
WM. A. GEOHEGAN.

Dr. D. H. Beckwith presented his report on the History of Homeopathy in Ohio. (See conclusion of memorial notices.)

The Bureau of Gynecology was now called, with Dr. J. H. Wilson in the chair. The following papers were presented:

- Dr. C. E. Walton, "A Hermit's Story."
- Dr. H. D. Bishop, "Surgical Treatment of Abortions."
- Dr. H. E. Beebe, "Uterine Curettage."
- Dr. Mary Dennison, "The Preparation of a Patient for an Abdominal Section."
- Dr. M. H. Parmelee, "The Alexander Operation."
- Dr. J. H. Wilson, "Displacements of the Uterus."

The Bureau of Ophthalmology and Otology was then called, with Dr. T. M. Stewart, in the absence of Chairman E. G. Rust, M. D., acting as Chairman. The following papers were presented:

- Dr. Emma Boice-Hays, "Effect of Cycling on the Eyes."
- Dr. R. G. Reed, "Accommodation and Convergence."
- Dr. W. A. Phillips, "O! and O! Don'ts."
- Dr. H. B. Hills, "A Case in Practice."
- Dr. J. E. Wilder, "A Case of Conical Bi-Lateral Cornea, Treatment and Results."
- Dr. T. M. Stewart, "Headache and Eye Strain Caused by Nasal Disease."

The Bureau of Laryngology and Rhinology made no report.

The Bureau of Sanitary Science made no report.

The Bureau of Anatomy, Physiology and Pathology was then called, with Dr. S. J. D. Mead in the chair, and the following papers were presented :

- Dr. Arthur C. Roll, "Rhythm."
- Dr. Lincoln Phillips, "A Plea for Better Work in Physiology."
- Dr. S. J. D. Mead, "The Valley of Dry Bones."

The Bureau of Clinical Medicine was then called with Dr. W. A. Geohegan in the chair. The following papers were presented :

Dr. H. T. Miller, "Methods in the Treatment of Typhoid Fever."

Dr. R. B. Johnson, "Pneumonia."

Dr. C. Zbinden, "Rheumatism."

Dr. R. B. Carter, "Some Things I Know, or Think I Know."

Dr. A. L. McCormick, "Pathology and Diagnosis to the Patient."

Dr. J. M. Overpeck, "A Case with a High Pulse."

Dr. Robt. S. Evelyn, "Remarks on Dysentery."

Dr. W. A. Geohegan, "Clinical Interpretation of Urinary Analyses."

The Bureau of Neurology was then called, with Dr. J. H. Cook acting as Chairman. The following papers were presented:

Dr. J. D. Buck, "Hypnotism and Hysteria."

Dr. Chas. Hoyt, "Neurasthenia or Chronic Invalidism."

Dr. J. H. Cook, "Use of Nervous Reflexes in Emergencies."

The Bureau of Obstetrics was then called with Dr. J. W. Means in the chair. The following papers were presented:

Dr. J. C. Sanders, "Decubitus in the Lying-in."

Dr. Julia C. Jump, "Value of Homeopathic Remedies in Obstetric Cases."

Dr. J. W. Means, "Mechanical and Medicinal Aids to the Parturient."

Twelve o'clock having arrived, the special order of business was called for.

ELECTION OF OFFICERS.

The election of officers for the ensuing year resulted as follows:

President, Maurice P. Hunt, M. D., Columbus.

First Vice-President, W. A. Geohegan, M. D., Cincinnati.

Second Vice-President, J. T. Ellis, M. D., Waynesville.

General Secretary, Arthur C. Roll, M. D., Toledo.

Assistant-Secretary, R. B. Carter, M. D., Akron.

Treasurer, T. T. Church, M. D., Salem.

Necrologist, D. H. Beckwith, M. D., Cleveland.

BOARD OF CENSORS.

Chas. E. Walton, M. D., Cincinnati.

C. Zbinden, M. D., Toledo.

Mary Dennison, M. D., Toledo.

H. H. Baxter, M. D., Cleveland.

R. B. Carter, M. D., Akron.

F. O. Hart, M. D., West Unity.

H. Pomeroy, M. D., Cleveland.

The selection of a place for the next annual session being in order, the claims and advantages of Cincinnati, Columbus and Akron were presented and eloquently enlarged upon. A vote of the members present showed a majority to be in favor of Akron, and was so announced.

Dr. D. H. Beckwith gave notice that at the next annual meeting he would move to amend Article II. of the Constitution of this Society, so that it will read as follows: "Any physician of good, moral character and standing, who has a certificate from the State Medical Examining Board, and who subscribes to the doctrine, *Similia Similibus Curantur*, may be elected a member of this Society, upon the recommendation of the Board of Censors, by a two-thirds vote of the members present at any annual meeting," and that all parts conflicting with the same be and is hereby repealed.

Adjourned at 12:15 P. M., to meet at 1:30 P. M.

AFTERNOON SESSION.

The Bureau of Paedology was called, with Dr. G. D. Grant acting as Chairman. The following papers were presented:

Dr. C. D. Crank, "Is It All a Fad?"

Dr. S. R. Geiser, "Sterilized and Pasteurized Milk as Infant Food."

Dr. G. D. Grant, "An Interesting Case."

The Bureau of Surgery was then called, with Dr. J. Kent Sanders in the chair. The following papers were presented:

Dr. A. E. Sheble, "The Renaissance of Surgery."

*Dr. T. C. Martin, "A New Method of Visual Inspection of the Rectum and Sigmoid Flexure."

*Dr. L. K. Maxwell, "Perineal and Urethral Injuries in the Male."

*Dr. J. C. Fahnestock, "A New Tenaculum."

*Dr. C. E. Sawyer, "Adjunct in the Treatment of Joint Diseases."

Dr. J. K. Sanders, "A Case or Two of Appendicitis."

The reading of papers being completed, President Phillips appointed the following members upon Bureaus and Committees:

*These papers never reached my hands.—SECRETARY CARTER.

Bureau Appointments for 1897.

REGISTRATION, LEGISLATION AND STATISTICS.

H. E. Beebe, M. D., <i>Chairman</i>	Sidney
Chas. E. Walton, M. D.....	Cincinnati
T. T. Church, M. D.....	Salem
H. H. Baxter, M. D.....	Cleveland
R. B. House, M. D.....	Springfield
W. B. Carpenter, M. D.....	Columbus
P. H. Sigrist, M. D.....	New Philadelphia

MATERIA MEDICA.

Wm. Owens, M. D., <i>Chairman</i>	Cincinnati
Henry Snow, M. D.....	Norwood
C. R. Coffeen, M. D.....	Piqua
J. A. Thompson, M. D.....	McComb
A. W. Reddish, M. D.....	Sidney
J. A. Gann, M. D.....	Wooster
J. C. Fahnestock, M. D.	Piqua
F. O. Hart, M. D.....	West Unity
Wm. Murdock, M. D.....	Akron

GYNECOLOGY.

J. Kent. Sanders, M. D., <i>Chairman</i>	Cleveland
J. H. Wilson, M. D.....	Bellefontaine
J. C. Wood, M. D.....	Cleveland
H. D. Bishop, M. D.....	Cleveland
M. H. Parmelee, M. D.....	Toledo
Wm. Watts, M. D.....	Toledo
Mary Dennison, M. D.....	Toledo

ANATOMY, PHYSIOLOGY AND PATHOLOGY.

Lincoln Phillips, M. D., <i>Chairman</i>	Hartwell
S. J. D. Mead, M. D.....	Cincinnati
Wm. Gaylord, M. D.....	Sandusky
Arthur C. Roll, M. D.....	Toledo

LARYNGOLOGY AND RHINOLOGY.

Chas. H. Strong, M. D., <i>Chairman</i>	Toledo
George H. Quay, M. D.....	Cleveland
G. W. Turrill, M. D.....	Cleveland
P. T. Killgour, M. D.....	College Hill

OPHTHALMOLOGY AND OTOTOLOGY.

W. B. Croft, M. D., <i>Chairman</i>	Medina
W. A. Phillips, M. D.	Cleveland
B. B. Viets, M. D.	Cleveland
G. C. McDermott, M. D.	Cincinnati
Thos. M. Stewart, M. D.	Cincinnati
R. G. Reed, M. D.	Louisville
H. B. Hills, M. D.	Youngstown
J. H. Harvey, M. D.	Toledo
G. E. Wilder, M. D.	Sandusky
Emma Boice-Hays, M. D.	Toledo
E. G. Rust, M. D.	Cleveland

SURGERY.

J. Deetrick, M. D., <i>Chairman</i>	Youngstown
T. C. Martin, M. D.	Cleveland
W. E. Wells, M. D.	Cleveland
A. E. Scheble, M. D.	Toledo
L. K. Maxwell, M. D.	Toledo
O. C. Reese, M. D.	Toledo
W. T. Miller, M. D.	Cleveland
C. E. Sawyer, M. D.	Marion

CLINICAL MEDICINE.

R. B. Carter, M. D., <i>Chairman</i>	Akron
W. A. Geohegan, M. D.	Cincinnati
H. T. Miller, M. D.	Springfield
R. B. Johnson, M. D.	Ravenna
F. C. Steingraver, M. D.	Bluffton
J. P. Hershberger, M. D.	Lancaster
J. M. Crawford, M. D.	Cincinnati
R. S. Evelyn, M. D.	Cleveland
J. W. Overpeck, M. D.	Hamilton
C. O. Munns, M. D.	Oxford
W. C. Hastings, M. D.	Van Wert

OBSTETRICS.

H. Pomeroy, M. D., <i>Chairman</i>	Cleveland
J. W. Means, M. D.	Troy
J. W. Clemmer, M. D.	Columbus
C. A. Pauly, M. D.	Cincinnati
Ellen M. Kirk, M. D.	Cincinnati
Julia C. Jump, M. D.	Oberlin
O. D. Childs, M. D.	Akron

NEUROLOGY.

Chas. Hoyt, M. D., <i>Chairman</i>	Chillicothe
J. D. Buck, M. D.....	Cincinnati
H. D. Champlin, M. D.....	Cleveland
Laura Brickley, M. D.....	Harrison
J. H. Cook, M. D.....	New Carlisle
G. R. Bissell, M. D.....	Columbus

PAEDOLOGY.

S. R. Geiser, M. D., <i>Chairman</i>	Cincinnati
C. D. Crank, M. D.....	Cincinnati
G. D. Grant, M. D.....	Springfield
G. W. Rhonehouse, M. D.....	Maumee
E. J. Wunderlich, M. D.....	Cleveland

SANITARY SCIENCE.

Frank Webster, M. D., <i>Chairman</i>	Dayton
L. D. Meader, M. D.....	Cincinnati
W. L. Peters, M. D.....	Nebraska
H. C. Houston, M. D.....	Urbana
C. F. Ginn, M. D.....	Miamsburg
E. Holaday, M. D.....	West Elkton

DELEGATES TO OTHER SOCIETIES.

American Institute.....	Drs. D. H. Beckwith and M. P. Hunt
Kentucky Society.....	Drs. S. J. D. Mead and L. D. Meader
Indiana Society.....	Drs. R. G. Reed and T. C. Martin

A vote of thanks was unanimously extended to the retiring President for his impartial presiding and his persistent efforts to promote the work of the session and the interest in each department.

The retiring President in turn thanked the members, one and all, for regular attendance and uniform courtesy extended by them to him as presiding officer.

Warm and heartfelt thanks were also returned to the Piqua physicians and their friends for the entertainment provided the visiting physicians, together with the perfect arrangements made for the success of the meeting and the pleasure of all concerned during our sojourn in their beautiful city.

Our thanks were unanimously voted to the daily papers of Piqua for their careful and extended reports relative to this session.

The managers of the Hotel Plaza were complimented for the comfortable quarters furnished, and the excellent table presented for our inspection.

Last, but not least, the Society returned a vote of thanks to the retiring officers for their words and work in the line of making this meeting complete and successful in every sense.

At 4:30 P. M., on motion, the thirty-second annual session of the Homeopathic Medical Society of Ohio voted to, and was declared adjourned, to meet in Akron, Ohio, the second Tuesday and Wednesday (11th and 12th) of May, 1897.

R. B. CARTER, M. D., *Secretary.*

REPORT OF THE NECROLOGIST,

D. H. BECKWITH, M. D.,

— AND —

MEMORIAL SERVICE

IN HONOR OF

Deceased Members.

(Correcting List on Page 40 of 1895 Transactions.)

1864. BARNES, LEWIS.	1891. JACKSON, W. S.
1864. BECKWITH, E. C.	1884. KING, JULIUS.
1864. BLAIR, A. O.	1864. LODGE, E. A.
1871. BROWN, B. P.	1867. LUNGREN, S. S.
1884. CLARK, F. M.	1870. McMAHON, W. R.
1883. CLEVELAND, C. L.	1892. MONROE, H. I.
1867. COBURN, S. H.	1872. MOORE, G. W.
1864. CROPPER, CHAS.	1868. MORRILL, C. F.
1870. DAKE, J. P.	1864. OESTERLIN, CHAS.
1880. EATON, M. M.	1885. OWENS, WM., JR.
1871. EHRMAN, BENJ.	1870. PULTE, J. H.
1864. FLOWERS, F. L.	1879. RING, HAMILTON.
1880. FLOWERS, J. R.	1872. ROWSEY, W. T.
1872. GAYLORD, E. P.	1865. SCHNEIDER, M.
1885. GOUCHER, E. T.	1864. SHEPHERD, A. F.
1871. HAINES, J. W.	1864. SMITH, G. W.
1882. HALE, T. T.	1885. TAYLOR, F. P.
1890. HALL, S. L.	1864. WEBSTER, WM.
1882. HARRIS, J. D.	1886. WELLS, T. E.
1871. HUNT, W. H.	

Memorial Notices of Deceased Members.

F. L. FLOWERS, M. D.

Lancaster, Ohio.

In our death report this year is a father and son, both prominent in their profession. I cannot call to mind that ever a necrologist reported such a singular coincidence. Father and son were old and active members in this Society, and years ago the father was rarely absent. His name stands on our record as one of the 1864, one of the founders of the Ohio Homeopathic Medical Society.

Franklin Lambert Flowers was born on a farm in Harrison County, Va., in March, 1811. When a small boy his parents moved to Kentucky. His common school education was limited. When of suitable age he chose the practice of medicine for his life work, and with that intent he entered the office of Dr. Cook, at New Lisbon, this State. His first course of lectures was at the Ohio Medical College at Cincinnati. He soon commenced the practice of medicine in Brownsville, Ohio, then in Rehoboth, afterward in New Lexington, and finally he located permanently in Lancaster, Ohio. In New Lexington I first formed his acquaintance. At that place he had a large practice, and his county work was very laborious.

He had been a practitioner for more than a quarter of a century of old school medication before he began to investigate the doctrines of Hahnemann. To complete his investigations, he went to Cleveland in the winter of 1864. He took a special course, and graduated in March, 1864. He then adopted the practice of Homeopathy, and thereafter followed its teachings. The following year he decided to seek a larger field for his work, and moved to Lancaster. At that place his practice was lucrative and successful.

This office for many years was the headquarters for physicians and students in that locality. Dr. Flowers, in the true sense of the word, was a self-made man, as he never attended school over six months. He was a constant student from boyhood. Quick in perception and close in observations, his daily school of experience educated him from month to month. He had a remarkable memory, which continued to his last days. In conversation he was unusually interesting. His retentive and lasting memory made him familiar on all topics that he read.

He was loved by his patients and highly esteemed as a citizen. It may be truly said that he reached a ripe old age, keeping hale and robust until a few weeks before his death. On a stormy night he visited a patient, took cold and died in twenty-one days from uraemic poisoning. A faithful father, a true friend, a beloved physician went to his long home, aged 85 years.

J. R. FLOWERS, M. D.
Columbus, Ohio.

Dr. E. R. Flowers inherited the strong constitution of his father. He was born on a farm near Salem, Fairfield county, Ohio. The outdoor exercise and the work done by him when a boy developed a splendid physique. As a young man he was fond of hunting and fishing. The fondness for this sport followed him through life. For years his vacation has been spent with his gun or rod in hand.

The early education in his father's office well prepared him for his future work. He graduated in Columbus in 1858 at the Starling Medical College, and commenced the practice that his father had so well instilled in his youthful mind. His genial manners and gentlemanlike deportment soon introduced him into society, and made him a general favorite among those with whom he associated. In a short time he had built up a good practice. For

many years he had been the leading physician in Columbus. He was a member of the American Institute of Homeopathy, of the State Society since 1880. His presence was always welcome.

His nature made him a politician to a certain extent, and while a young man interested himself in municipal affairs. He was councilman from 1872 to 1878. During his work in the council he was appointed chairman of the fire department. An engine house on North High street bears his name. During his work in Columbus he has been appointed as physician to state public buildings.

The profession, in the death of Dr. J. R. Flowers, loses an able practitioner, Columbus a skillful physician and society an active, energetic citizen. He died May 27, 1895, from heart failure.

We mourn to-day that so good a physician should be taken from his work, a work that he loved so well. He died in the prime of manhood, aged 59.

T. E. WELLS, M. D.

Dr. Wells was born in Cardington, Ohio, in the year 1847. After his preliminary education in the common schools he entered the high school and completed his school life. Like many of us here to-day he began his life work as a teacher in the public schools. His preceptor was Dr. D. J. Watson. After his student life in the office he went to Cincinnati and became a student of the Pulte College, from which he graduated in the year 1877.

He soon located in Mount Vernon, Ohio, and secured a good clientage in a short time. His brother, who was located in Tiffin, this State, induced him, in 1881, to become associated with him in the practice of medicine and surgery.

In the year 1888, from exposure in sleeping between damp sheets during one of his professional visits at Springfield, Ohio, he contracted pneumonia, from which attack he never fully recovered. Later, however, he resumed his professional work, a work he

loved next to his kindred. He well knew that the latent disease, tuberculosis, would ere long terminate his professional labors. Still he visited his patients, making a gallant and heroic fight for his life, and with a never-ending hope he struggled on, daily losing life force, until July 12, 1895, he bade his friends the long farewell, and death became the victor.

By the death of Dr. Wells, Tiffin lost a good and true physician, and many a sad heart followed the remains to their final resting place. His brother, W. E. Wells, each day mourns the loss of one he loved so well.

Dr. Wells became a member of the Homeopathic Medical Society of Ohio in the year 1886.



HOMEOPATHY IN OHIO FROM ITS FIRST INTRODUCTION UP TO JANUARY 1, 1865.

BY D. H. BECKWITH, CLEVELAND, OHIO.

Members of the Society:

In a few years more there will be none of the early pioneers in Ohio, none to tell you who were those men bold enough to face ridicule, sarcasm and abuse for the sake of introducing into the State of Ohio the doctrines of Samuel Hahnemann.

What few are left on earth are living beyond the time allotted to them. You can call up to-day only a few names of these early pioneers, perhaps only two or three, that are left on the field of action.

To you who are engaged in the practice of medicine to-day will never know the trials and battles of the pioneers. You can never realize the hand to-hand conflict that they had to encounter with the dominant school of medicine. Those here to-day may well consider that you live in the golden age, for Homeopathy and its practitioners are beloved and respected in every city and hamlet in the State.

In presenting to this Society a brief sketch of Homeopathic history, from its introduction up to the year 1865, I am well aware it is not complete and perfect. But I thank the profession throughout the State that has given me such information as best they could.

Let me assure you that history is valuable for time to come, and as years go by the value increases. And when old age has overtaken you, as new generations come into the sphere of action some of them will be interested in the early work of our profession, and I doubt not many of you will look back in your leisure moments to the pages of Ohio history.

I would have been glad to have given a lengthy sketch, but knowing the pages of our proceedings could not contain such a report I have endeavored to be brief in all points, and the history of many physicians that would have been interesting to the future reader has been, on account of space, limited.

To-day we point with pride to our three medical colleges, supplied with able teachers, possessing educational ability second to no other colleges in our State. These colleges have the best surgeons in our school of medicine, and no other surgeons can surpass them in the State.

Our physicians and specialists have no superiors, and when we look at the education and learning of those I have mentioned you will find them members of this Society, for no man can be great in his profession who is selfish.

We have hospitals and dispensaries that dot the State from the turbid waters of the Ohio river to the polluted waters of Lake Erie. Also training schools for nurses, homes for the poor and incurables, dispensaries in many of our cities, maternity homes and physicians in charge of very many of town, city and county benevolent institutions.

We have representatives on medical boards, state boards of health and our medical societies, on which the foundation and progress of Homeopathy rests, are scattered all over the great State of Ohio. County, northern, central and southern societies are well organized, and contribute the best material to their parent stem, the Society of the State, which so many represent here to-day.

JOURNALS.

In 1849 Dr. Wegand, of Cleveland, published a journal of sixteen pages that was designed for the professor and laity. Three or four numbers were issued, and it ceased to live for want of subscribers.

In 1849 to August, 1850, the *Eclectic Medical Journal* gave a portion of its pages to the New School of Medicine, and many valuable and interesting articles appeared monthly in that journal. David Sheppard, M. D., editor.

In October, 1851, Drs. Pulte and Gatchell edited and published the *American Magazine*, devoted to Homeopathy and Hydropathy. It contained thirty-two pages, published monthly, and was of good

-reading for physicians as well as for the public. This journal was continued for two years, when it assumed a quarterly, with forty-eight pages, and was known as the *American Magazine of Homeopathy*, under the control of C. D. Williams, M. D. Later, Charles Cropper became its editor and publisher in Cincinnati, O.

PHARMACIES.

In 1846 R. Bartlett opened a small pharmacy in Cleveland. He sold out to Fisk & Hall about 1848, for in that year I well remember that Fisk & Hall had a pharmacy above their drug store. Dr. Hall soon took charge of the pharmacy, and continued it till his son, I. B. Hall, took the charge of it. Three years ago I found the senior Hall at a cottage on the Muskoka Lake, in Canada, looking hale and hearty, over 80 years of age.

In 1849 and 1850 Smith & Worthington had quite a large pharmacy, and there I purchased the first stock of Homeopathic medicines that I ever bought. They were such good salesmen that they took all my money, and I was many miles from home; and only stage coaches for conveyance.

At that time Dr. Parks also had a pharmacy in Cincinnati.

HOSPITALS.

The only hospital prior to 1865 was a private institution established by S. R. Beckwith, in 1856. As railroad surgeon for the roads coming to Cleveland, he needed hospital accommodations that could not be obtained in private homes. Dr. Bettely, a medical student, was the hospital surgeon. There were twelve beds for the accommodation of surgical patients. As soon as Charity Hospital was completed, Homeopaths were allowed to take their pay patients there, where they received care and the best of nursing from the Sisters of Charity. Then Lake Street Hospital was discontinued.

About June, 1864, a large dwelling house was purchased by the citizens of Cleveland, that a Protestant hospital might receive those persons who did not care to be taken to a Catholic hospital. The attending physicians, trustees and managers, in about equal number,

were selected from each school of medicine. This amalgamation continued about one year, when the Homeopaths sold out their interest, and joined their forces with the University Heights Hospital.

THE FIRST HOMEOPATHIC COLLEGE IN CLEVELAND.

June 26, 1849, the Homeopathic physicians of Northern Ohio accepted a chair that had been offered them by T. V. Morrow, M. D., dean of the Eclectic Medical Institute at Cincinnati.

Storm Rose, M. D., of Painesville, Ohio, was unanimously recommended for a professor of Principles and Practice of Homeopathy in the Eclectic Medical Institute for the session of 1849-50. Dr. Rose was one of the oldest physicians on the Western Reserve, having been a practitioner of both schools for over thirty years, a man of sterling worth and integrity. He accepted the professorship offered him, and gave his introductory lecture September 16, 1850, "The History of Medical Science." His course of lectures were practical and instructive. The Eclectic students, numbering that session over 200, rarely failed to hear the lectures on the new school of medicine. Seven students received Homeopathic diplomas at the close of the session. However, a great change of heart took place in the Eclectic school, as there were too many conversions in the class. Therefore, August 22, 1850, the trustees of the Eclectic Medical Institute abolished the chair of Homeopathy, and why?

The *Eclectic Journal*, September, 1850, says:

"The Homeopathic system is but a limited portion of medical science, and contains practical errors, delusions of false philosophy. Useless to allow the time of students to be occupied by a course of instructions which embodies so many idle speculations and gross practical errors, and notwithstanding its reforming tendencies, is in reality but a mere subtle form of modern hunkerism, which tends to delude the mind and contract it, and hinders the free progress of medical science."

About three pages of the *Journal* are devoted to the new school of medicine in similar language, showing in plain, unmistakable language that the faculty of the Eclectic school did not want so strong and scientific a competitor as a teacher of Hahnemann's principles in their institution.

The physicians and friends of Homeopathy met March 26, 1850, and organized according to the laws of Ohio, and on the 27th the trustees met at the old Dunham House, and elected the following officers: John Wheeler, M. D., president; A. H. Burritt, M. D., vice-president; Joel Tiffany, secretary; Dudley Baldwin, treasurer. D. Baldwin is still living, in good health, and a firm adherent to Homeopathy as a high dilutionist.

June 21, 1850, the following faculty were chosen:

- Edward C. Witherell, M. D. Canandaigua, New York
Professor of General, Descriptive and Surgical Anatomy.
- Arthur Bissell, M. D. Toledo, Ohio
Professor of the Principles and Practice of Surgery.
- Charles D. Williams, M. D. Cleveland, Ohio
Institutes and Practice of Homeopathic Medicine.
- Alexander H. Burritt, M. D. Cleveland, Ohio
Professor of Obstetrics and Diseases of Women and Children.
- Lewis Dodge, M. D. Detroit, Michigan
Professor of Materia Medica and Medical Jurisprudence.
- Hamilton Smith, A. M. Cleveland, Ohio
Professor of Chemistry.
- Jehu Brainard. Cleveland, Ohio
Professor of Natural Sciences.

The first course of lectures began in November, 1850.

February 19, 1851, the following names received the honors of the college:

George W. Barnes, Urbana, O.; Hileno F. Bennett, Rochester, N. Y.; George H. Blair, Newark, O.; Ebenezer S. Brown, Perry, N. Y.; William Cain, Ravenna, O.; Samuel Fulton, Jr., Mt. Clemens, Mich.; Zebulon Hollingsworth, Oregon, O.; Eli H. Kennedy, Mt. Carroll, Ill.; Horatio Robison, Jr., Auburn, N. Y.; Lester A. Roggers, Farmington, Ill.; Calvin Starr, Columbus, O.; Samuel S. Steward, New Albany, Ind.

As the writer attended most of the lectures he can certify that they were of a high standard. Clinical cases were rarely before the class, as they could not be obtained.

April 9, 1832 (No. 36, An Act), the General Assembly passed a law governing colleges, etc.

Under this act the Western College of Homeopathic Medicine was incorporated April 30, 1852, the auditor of Cuyahoga county, Albert Clark, certified to the corporation. Also on March 1, 1852, the records were received and recorded in Vol. I., page 27.

I should not refer to the second course had not an incident occurred that came near wrecking the institution on February 22, 1852. A large and excited mob attacked the college, which was defended by the professor and students for two days, and when the mob entered the building, at the corner of Prospect and Ontario streets, they wrecked the lecture rooms, destroying chemical apparatus, scattered the cabinet that was adorned with specimens choice and rare. A wreck of all college materials took place. The enemies of Homeopathy were numerous, and they proclaimed the downfall of the college and the ruin of Homeopathy in Cleveland.

The trustees and faculty immediately issued a circular that they would not go down before a mob element, and that the next session would be opened on time with an additional strength to their faculty. The third term opened with an increase of students.

In July, 1856, the college encountered another cyclone, which came near wrecking it forever. A new college had been organized in St. Louis, and all the faculty, save S. R. Beckwith, tendered their resignations, and accepted chairs in the new college.

The trustees were energetic men, and did not propose to surrender to the deserters. They called upon John Ellis, M. D., of Detroit, J. C. Sanders, M. D., of Cleveland, J. P. Wilson, M. D., of Cleveland, George Turrell, M. D., of Cleveland, and Dr. Douglas, of Milwaukee. These physicians all accepted, and the faculty became stronger than the previous years. At about this date the name was changed to the Western Homeopathic College. In 1864 the college required more room than the building gave them on Ohio street, and the large and commodious structure known as the Humiston Institute, on the Heights, was purchased, and a hospital with thirty beds was fitted up in the south part of the college building.

As a hospital was now connected with the college, the name was again changed to the Homeopathic Hospital College.

THE FIRST STATE HOMEOPATHIC SOCIETY IN OHIO.

In May, 1851, a call was issued by Dr. Cropper, of Cincinnati, to the Homeopathic physicians of Ohio to convene at Columbus on the 23rd day of September, 1851, for the purpose of effecting a permanent and thorough organization for a State Medical Society. About thirty physicians met at the office of Dr. Coulter, and appointed A. O. Blair, of Newark, as president, and G. W. Barnes, of Mt. Vernon, secretary. Drs. Coulter, Hussey, Tifft, Wright and Prowell were appointed to draft the constitution and by-laws. Drs. Leech, Saal, Barnes, Parks and Reynolds were appointed to arrange business for the convention.

On September 24 the convention met at 9 o'clock A. M. at the Methodist Church. The secretary read communications from Drs. Rheiwinkle, Dennis and Lewis Barnes. The name of the Society was selected and approved, "The Ohio College of Homeopathic Physicians." Drs. H. P. Gatchell, Storm Rosa and B. S. Hill were added to the first appointed committee.

Dr. H. P. Gatchell read an able and eloquent paper on "Subtle Faces."

Dr. Coulter offered the following resolution that was unanimously adopted:

Resolved, That the Cleveland Homeopathic College merits and shall receive the cordial support of the members of this college so long as its faculty and trustees manifest their present commendable zeal and energy.

The following officers were elected:

A. O. Blair, President.....	Newark, O.
J. H. Coulter, Vice-President.....	Columbus, O.
John Tifft, Second Vice-President.....	Norwalk, O.
C. A. Leuthstrom, Secretary.....	Columbus, O.
C. St. C. Hussey, Corresponding Secretary.	

Censors—C. D. Williams, H. P. Gatchell, J. W. Dennis, J. Bosler, L. K. Rosa.

Others in attendance besides the officers:

- Storm Rosa, Dr. Saal, Dr. Bigler, W. Webster, G. W. Barnes, Dr. Parks, Dr. Smith, D. H. Beckwith, L. Prowell, Dr. Reynolds, John Brainard, R. Wright, B. L. Hill, J. H. Pulte; Chas. Cropper, Dr. Leech, Lewis Dodge, J. Bosler.

The Society had a two days' session full of interest and enthusiasm. Dr. H. P. Gatchell gave a public address in the church in the evening. Subject, "The Reasonableness of Homeopathy." The audience was large and enthusiastic.

The college adjourned to meet in Dayton in October, 1852. In September the president changed location to Cleveland—place of meeting to be the National Hall. Not being present and not able to give the details of the meeting, and can find no report of it.

A resolution was passed making Columbus a permanent place for the meeting in the future. (I have not been able to find report of 1853.)

In May, 1854, a few physicians from the interior of the State were present, but not a physician was in attendance from Cincinnati, Cleveland or Dayton. Columbus was represented by the president. One day's session, and the meeting adjourned.

This meeting was not well attended, and adjourned to meet at the call of the president and secretary. Not until 1864 did President Blair call another meeting, and it was then to meet in Columbus and organize a new society, which took place in May, 1865, and adopted the name of "The Homeopathic Medical Society of Ohio," and under this banner we meet to-day, holding our thirty-second annual session.

As but few of the members present are familiar with the names of the old pioneers of Homeopathy in Ohio I have deemed it advisable to give you the names of those who signed the petition in May and June, 1851, to meet at Columbus and form a State medical organization of the Homeopathic School, also the students that signed the petition.

NAMES OF PHYSICIANS

Who signed the petition for the organization of a State Homeopathic Medical Society in 1851:

G. W. Barnes, Mt. Vernon.
 E. H. Bacon, Zanesville.
 A. Bauer, Cincinnati.
 G. W. Barker, Cleveland.
 D. H. Beckwith, Norwalk.
 A. F. Bissell, Toledo.
 Jacob Bosler, Dayton.
 A. O. Blair, Newark.
 Geo. H. Blair, Newark.
 Geo. W. Bigler, Cincinnati.
 Jehu Brainard, Cleveland.
 A. H. Burritt, Cleveland.
 J. H. Coulter, Columbus.
 E. W. Cowles, Cleveland.
 W. M. Cain, Ravenna.
 Lewis Dodge, Cleveland.
 J. W. Dennis, Portsmouth.
 B. Erhman, Cincinnati.
 T. F. Fall, Springfield.
 H. P. Gatchell, Cincinnati.
 Jessie Garretsen, Cincinnati.
 G. St. C. Hussey, Portsmouth.
 D. O. Hoyt, Cleveland.

W. S. Hoyt, Worthington.
 B. L. Hill, Berlinville.
 W. C. Leech, Delaware.
 C. A. Leusthstrom, Columbus.
 Dr. Kramer, Sandusky.
 N. H. Manter, Elyria.
 Thos. Miller, Cleveland.
 Jacob Myers, Ashland.
 J. M. Parks, Cincinnati.
 J. H. Pulte, Cincinnati.
 A. Plympton, Painesville.
 Storm Rosa, Painesville.
 F. H. Rehninkle, Portsmouth.
 Gerhard Saal, Cincinnati.
 W. Sturm, Cincinnati.
 Calvin Starr, Xenia.
 H. L. Smith, Cleveland.
 G. W. Storm, Willoughby.
 John Tiffet, Norwalk.
 John Wheeler, Cleveland.
 C. D. William, Cleveland.
 E. C. Witherell, Cincinnati.
 A. S. Wright, Cincinnati.

JUNIOR MEMBERS.

J. M. Evans, Newark.
 L. L. Drake, Cleveland.
 E. D. Gibson, Cleveland.

W. W. Gray, Cleveland.
 Geo. M. Dorsey, Somerset.
 R. Kinsel, Delaware.

In the Constitution of the Society, Article II, reads: "The object of this college shall be the advancement of true medical science, the promulgation and diffusion of the principles and practice of Homeopathy." It seems a text so true to those who are believers in Homeopathy, I place that saying on record to-day. Forty-six practicing physicians are on the list that I have read. Only four to my knowledge are living at the present time and two or three among the juniors. I have presented to you a brief synopsis of the organization and termination of a State Society

founded forty-five years ago. Forty-six physicians signed the call, and as every one in the State was solicited, the number, forty-six, must approximate all we had in the State, and all the students in the State were also requested to sign the petition for the call.

HOMEOPATHY IN SOUTHERN OHIO FROM 1839 TO 1865.

I regret that no more information could be obtained from Southern Ohio. Homeopathy first commenced its career in Cincinnati by Dr. William Sturm in 1839. He was born in Saxony, June, 1796, educated in Germany, and was taught the principles of Homeopathy by Samuel Hahnemann. It was fortunate for the Queen City of the West that so able an exponent of Homeopathy and a man of such liberal education should be the pioneer in Southern Ohio. A system of medicine so new and so unlike any other was strongly opposed by the physicians of the old school, and was the subject of ridicule in society and social gatherings. The success in curing old chronic cases, as well as diseases of an acute form, soon gave Dr. Sturm a large business, and the student of Hahnemann soon became known along the towns situated on the Ohio river. Cincinnati was again fortunate in having a man of education, skill and more than ordinary ability as the second physician of the new school to locate as an assistant to Dr. Sturm in introducing and extending the practice of Homeopathy in that city.

Dr. I. H. Pulte was born in Germany, October 6, 1811. His father was a physician of no mean repute, and young Pulte received his first medical education in his father's office. He graduated at the University of Marburgh in the year 1833, and soon sailed for New York. As the writings of Hahnemann were published in German, Dr. Pulte soon commenced the translation of them in English, and scattered them throughout the country. He was one of the founders of the Allentown Academy. In 1840 he located in Cincinnati, and established a private dispensary, which soon gave him great popularity. In 1849 cholera appeared in Cincinnati, and Dr. Pulte soon proved the superiority of Homeopathy in that dread and much feared disease.

In 1850 he published a work on domestic medicine, which work has been translated into several different languages, and is now in use by many families in Ohio.

In the year 1853 the trustees of the Western Homeopathic College appointed him professor of obstetrics.

In 1853 he published the Woman's Medical Guide, a practical and useful book.

In 1872 he aided in organizing a medical college in Cincinnati, and from his liberal donations the college now bears his name, the Pulte Medical College.

In the year 1878 he became a member of this Society. He died at his home, March, 1874, aged 73.

Benjamin F. Erhman was born in Jack Hausen, Germany, and emigrated to the United States in 1834. He graduated at Hahnemann College in Philadelphia in 1843; practiced medicine in Chillicothe five years. Wishing to enter a larger field for work he came to Cincinnati in 1849; soon became one of the prominent physicians. He died at an advanced age, March 1, 1886.

Dr. Davis came to Cincinnati in the year 1849. He did good work during the cholera epidemic, opened a free dispensary, and treated many of the poor gratuitously. He left the city about 1855, and we have not been able to trace his subsequent history.

James G. Hunt was born in Cincinnati, June 12, 1821, was educated at Woodman College, graduated from the Eclectic Medical Institute, March, 1848. He soon became a partner of Prof. B. L. Hill, and remained with Dr. Hill until June, 1852. He aided Dr. Hill in his work on surgery, and when the book appeared it was "Drs. Hill and Hunt's Homeopathic Surgery." In 1853 he retired from the profession, but such were his strong attachments to his former work he again resumed the practice of medicine. He died several years ago.

William Owens was born in Warren, Trumbull county, Ohio, April 24, 1823. At the age of 14 he left the public schools and his home. He was in a great city seeking employment to obtain a better education than a small town afforded him. In 1844 he entered Woodman College. At that time the students wore the gray uniform. He was soon promoted. At the close of the

War, 1865, he commenced his medical studies; attended four courses in the Eclectic Medical Institute; graduated with honors in 1849; received the appointment of Demonstrator of Anatomy in the institute. He was at an early date the assistant lecturer on Anatomy in the Western College of Homeopathy. In June, 1865, he received the appointment of examining surgeon for pensions in Hamilton county. He assisted in the organization of the Pulte College, and was appointed to the chair of Anatomy. In 1884 he withdrew from college work. He is a member of the American Institute, and one of our members since 1874. His face is always welcomed, as he brings papers of worth, study and merit. We can all certify to his debating proclivities. At the age of 73 he can cope with any of the younger members of the profession in a discussion upon any medical topic.

Gulard Saal, M. D., was educated in Germany. In 1847 he practiced Homeopathy in Springfield. In 1852 he came to Cincinnati and associated himself in the practice of medicine with Dr. E. C. Witherell. In 1872 he accepted the chair of Clinical Medicine in the Pulte College. He died August, 1873.

Frederick Erhman, M. D., a brother of Dr. B. F. Erhman, was educated in Germany. In 1857 he located in Cincinnati. Have not been able to secure date of his death.

E. C. Witherell was the professor of Anatomy during the first session of the Western College of Homeopathy in 1852. He was a highly educated physician. He received his education both in Europe and in the United States. In 1853 he selected Cincinnati as his future home. In 1856 he died of cholera. He was a noble and generous physician.

In 1849 Dr. Garreston and Dr. Bigler were practicing Homeopathy in Cincinnati.

J. W. Leech, M. D., located at Xenia, Ohio. About the year 1860 he located in Cincinnati.

Charles Cropper was born in Lexington, Kentucky, September, 1820, and died at Oxford, Ohio, December, 1889. He graduated at the Electro-Medical Institute in Cincinnati, June 10, 1854. He soon began the practice of Homeopathy. In 1865 he was the editor of the *American Homeopathist*. In 1882 he was chosen

professor of *Materia Medica* in Pulte College, and later to the chair of Clinical Medicine. In 1865 he joined the American Institute of Homeopathy. In 1881 he moved from Cincinnati to Lebanon, Ohio. He died December, 1889.

T. C. Bradford, M. D., was an 1864 member, located in Cincinnati in 1863. He was a man of push and energy, building up a very large practice. He was an active church member, and died at Cincinnati, Ohio, four months since.

TOLEDO DOCTORS.

Arthur T. Bissell, M. D., located in Toledo in 1848. He was an energetic and splendid physician; was Professor in the Western Homeopathic College in 1832, and a man well read in all the collateral sciences. His marriage brought him wealth, and he took up his residence in New York, engaged in manufacturing, at which he accumulated a fortune. He died about a year ago in New York.

William T. Rowsey, M. D., was born in Cincinnati in 1838. He graduated in Cleveland in 1862. In 1864 he opened an office in Toledo. He soon had an immense business, which continued until a few weeks before his death. Counting his skill with his religious zeal, he had a wonderful influence over his patients. He died in New York, March 9th, 1890, at the age of 52. He became a member of our Society in 1872.

S. S. Lungren, M. D., came to Toledo in 1862, and took the office apartments of Dr. Bissell. He did much for his profession as a writer, and was a regular attendant at all the State and National conventions. At the time of his death no man ranked higher as a physician and surgeon than Dr. Lungren. He died March 6th, 1892. He joined this Society in 1867.

PIONEERS OF THE NEW SCHOOL OF MEDICINE IN CENTRAL AND NORTHERN OHIO.

In the year 1843 Dr. R. E. W. Adams introduced Homeopathy into Northern Ohio, locating in Cleveland. Dr. Adams remained only a few years, when he removed to Springfield, Illinois, where he died in the year 1870.

In the year 1844 Dr. Daniel O. Hoyt came to Cleveland, associating himself in the practice of medicine with Dr. Adams. Dr. Hoyt practiced his profession for over thirty years in this city. He was ever prompt, kind and courteous to his patients. Dr. Hoyt was a graduate from Dartmouth College. He practiced medicine after the manner of the old school for several years before he located in Cleveland, where he commenced the practice of Homeopathy. Dr. Hoyt died at his old homestead, on Columbus street, Cleveland, on the 10th day of August, 1874, in the eighty-seventh year of his age.

Dr. Casperi, an Italian by birth, located in Ravenna in 1843, remaining there a few years, when he removed to Louisville, Kentucky. Here he resided until the time of his death, which occurred a few years since.

In 1844 Dr. Sclilagel, a German physician, opened an office in Amherst, Ohio. From this place he extended his practice to Oberlin, Elyria and other adjacent towns.

Dr. Alexander H. Burritt graduated in New York in 1827. He practiced old school medicine in Washington county, New York, for eleven years. September 10, 1840, he located in Burton, Ohio. In 1850 he received the appointment of Professor of Obstetrics in the Western College of Homeopathic Medicine. His health failing him about this time it became necessary for him to seek a warmer climate. He opened an office in New Orleans, whither he had gone for the purpose of bettering his physical condition. This was in 1850. Here he continued the practice of his profession until the time of his death, which occurred a few years since. At the time of his death Dr. Burrit was about 77 years old. He was one of the original founders of the Homeopathic College of Cleveland, in 1850, and vice-president of the board of trustees.

In 1845 Dr. David Sheppard commenced the practice of medicine at Bainbridge. He was a successful medical practitioner, as well as a thriving stock grower. The doctor had a large farm, to which he devoted a portion of his time when not too much occupied with his professional duties. It was upon this farm that he died, June, 1887, aged 79.

Dr. Alpheus Morrill located in Akron in 1846, where he contracted fever and ague, which were his constant companions for upward of two years. He removed from Akron to Columbus, Ohio, and resumed the practice of his profession. He found, too, that this location was a malarious one, and in a few months he removed to Concord, New Hampshire, where he died in 1868. Dr. Morrill was a member of the American Institute of Homeopathy, an organization that he loved and cherished, and the annual meetings of which he regularly attended.

Dr. Crosby, a partner of Dr. Morrill while in Akron, left about the same time, going East, in order to escape the malarious atmosphere for which Akron has been justly celebrated for so many years.

Dr. B. W. Richmond located in Chardon; Dr. Stevens in Windsor and Dr. H. Plimpton in Painesville, in 1845.

Dr. Edwin W. Cowles was a student of medicine in the office of Dr. O. K. Hawley and a graduate from Jefferson Medical College. In the year 1845 he became a disciple of Hahnemann, and commenced the practice of Homeopathy in Cleveland.

John Wheeler, M. D., commenced the practice of Homeopathy as the third Homeopathic physician in Cleveland in 1845. He graduated from Dartmouth College in 1817. He received the honorary degree of Fellow of the Albany College. He did much to give Homeopathy the position it always has had in Cleveland. He was the leading physician for many years, and his clientele was second to none. He died from apoplexy February, 1876, aged 81 years.

C. D. Williams, M. D., located in Cleveland in 1846. He was one of the few that aided in the organization of the Cleveland Homeopathic College. He was appointed by the trustees professor of the Principles and Practice of Homeopathy. He delivered the inaugural address at the First Methodist Church, which received many severe criticisms by some of the medical schools that believed in other principles of practice. He was a fluent writer and an able practitioner. In 1861 he removed to St. Paul, and died at the age of 70.

Dr. Johnson came a few years later. He was a good prescriber, but, being retiring in his manner, never came to the front in the profession. He died about the year 1866, 75 years of age.

G. W. Barker, M. D., in 1848 had an office on Superior street, and in a few months Thomas Miller, M. D., became his partner. After two years' practice Dr. Barker moved to Detroit, and Dr. Miller located in Missouri.

In 1849 Dr. Gilman located in Cleveland, where he remained only a few years. In the early days of Homeopathy the physicians were quite changeable and seeking new locations, but those who remained at their post built up a large and lucrative business.

In August, 1850, Lewis C. Dodge, M. D., came from Detroit, and located in Cleveland. He accepted the chair of *Materia Medica*, and remained in the city until about 1875. Four years ago he returned to the city, married his second wife, and died two years ago, 81 years of age.

H. P. Gatchell, M. D., a graduate of Bowdoin College, practiced Homeopathy in 1847, resigned in May, 1852, from the Eclectic Medical School in Cincinnati, and accepted the chair of Physiology in the Cleveland Homeopathic School. He remained only a few years in Cleveland. He was a man of great ability, but changeable in his nature, and always desiring new locations. He died in 1885 in Asheville, N. C., of pneumonia.

Benjamin S. Hill, M. D., came from the same school as Prof. Gatchell, and accepted in the Homeopathic School the chair of Operative Surgery. He was a surgeon of note, and wrote a very creditable work on surgery. He practiced in Berlinville until his death, at the age of 65.

George Hill, of Berlin Heights, brother of Prof. B. S. Hill, graduated at the Cleveland Homeopathic College on February 26, 1853. He had a large and successful practice, and remained at Berlin Heights until his death.

John Tifft, M. D., of Norwalk, Ohio, left the old school practice in 1852, and commenced Homeopathy. He was converted by Horatio Robison, of New York. None of his patrons left him when he changed his practice. He died in Norwalk, aged 63.

D. H. Beckwith, read medicine with John Tiffet, attended the Western Reserve College in 1847-8, and graduated at the Eclectic School, both in the Eclectic and Homeopathic departments, in March, 1850. He was an associate with Dr. Tiffet for three years, and then located in Marietta, Ohio, as the pioneer. From Marietta he moved to Zanesville, and thence to Cleveland. He was at the organization of the first State Society, September 23, 1851, and was also one of the original members and founders of this Society.

Jacob Bosler, M. D., commenced the practice of Homeopathy in Dayton, Ohio, in 1848. He was an active and progressive man. He was an organizer of both the State Societies, and the president of the present one in the year 1868. He advanced Homeopathy in Dayton, and gave the system a foundation that has been permanent. He died at the age of 76.

William Webster graduated at the Eclectic School in 1851. He continued the Eclectic practice for four years in Middletown, then removed to Dayton and opened his office as an Homeopathist. The lectures that were given in Cincinnati by Prof. Rosa in his college course had taken deep root, and he became a true Homeopath. He became a member of this Society in 1869, and was a member of the American Institute. In his early life he attended societies quite regularly. He died February 19, 1895, aged 68 years.

N. H. Manter was a practitioner of Homeopathy in Elyria in 1848, having changed his practice from the old to the new at that date. He practiced there many years, and died at an advanced age.

George W. Barnes, of Urbana, graduated at the Cleveland Homeopathic College February, 1852. He practiced in Columbus, Mount Vernon and Cleveland, at which place he received the honor of Professor of Materia Medica. He was a splendid teacher and a careful prescriber. In 1869 he had hemorrhage of the lungs, which caused him to remove to San Diego, Cal. In that climate he had much better health. He died February 13, 1892, aged 67. He was a good writer, and made some valuable contributions to our literature. In his will he specified that his body

should be cremated. He gave his property to found and maintain a free dispensary in San Diego. Homeopathy and the world were better by the life of G. W. Barnes.

Hamilton Ring located in Urbana in 1852. He graduated at the Hahnemann College in Philadelphia in 1850. His pen often supplied valuable articles and reports of clinical cases that were of great value to the practitioner. He died of apoplexy, November 13, 1884, aged 63. He had a large circle of friends and patrons.

S. R. Beckwith graduated at the Cleveland Homeopathic College, February 26, 1853. He located in Norwalk as a partner of Dr. Tift. In 1855 he received the appointment of Professor of Anatomy at the age of 23. He became associated with Dr. Wheeler. He soon devoted his time to surgery, and made a success in that line, being appointed railroad surgeon to all the roads coming to Cleveland. He was also appointed the Cleveland Infirmary physician for 1865 and 1866. He is now located at 114 Fifth avenue, New York.

C. C. White graduated at the Homeopathic College, March, 1854. He was one of the first members of this Society. He was president of the Association in 1883. Three or four years since he withdrew from us without any stated reason after being a member for almost thirty years. He died four years ago in Columbus.

J. Wesley Faling graduated at the Cleveland Homeopathic College, February 28, 1885, and located at Fremont. His health, however, soon failed him, and he died in early manhood.

A. C. Barlow, of Toledo, graduated at the Cleveland Homeopathic College in 1885, and located in Lancaster, Ohio, remaining there for nearly a quarter of a century. He then located in Toledo. His health gave way, and at his advanced age he is an invalid.

A. O. Blair was a practitioner of the old school in Newark, Ohio, in the forties. In 1848 he commenced the use of Homeopathic medicine, and soon became a devoted disciple of Hahnemann. He was the first president of the Ohio College of Physicians and Surgeons, also the first president of this Society. In 1853 he removed to Columbus and from there to Cleveland, receiving in the college the chair of the Theory and Practice of Medicine, a

position he occupied for some years. In his old age he went to Westerville, and died when 76 years old. The name of this old veteran will long be remembered by the Homeopathic profession.

His son, George H. Blair, graduated at the Eclectic Medical School in 1851, and became associated with his father in Columbus. Later he came to Cleveland, and was appointed surgeon at the Marine Hospital. He left Cleveland, and located in Fairfield, Iowa. He died several years ago.

E. R. Tuller graduated at the Eclectic School, February 18, 1851, and located in Newark, Ohio, remaining there for a number of years. He then removed to New Jersey, and died at the age of 50.

Dr. D. R. Kinsell was born in Delaware, Ohio, September, 1827. He commenced reading medicine in 1846; attended a course of lectures in the Sterling Medical College, 1849-50. In 1851 he matriculated in the Western Homeopathic College, and soon located in Columbus, August, 1860. He was appointed physician to the Ohio penitentiary in the same year, and served in this position for two years. He has been engaged in a large and lucrative practice over forty-eight years in Columbus.

C. A. Leuthstrum located in Columbus in 1847. He graduated in Germany, and soon acquired a large medical business. He was a man of great energy and zeal for his practice. Being attacked with fever and ague he was so discouraged that he left Columbus and located in Wisconsin. He has a beautiful farm and home a few miles from Milwaukee, and has for many years had an office in that city. He is now passed his four-score and yet hale and hearty. He was secretary of the Ohio College of Homeopathic Physicians in 1851.

J. H. Coulter came to Columbus in 1848, and took much of the practice that had been built up by his predecessor. He was an active politician. He died in Columbus in 1866, aged about 60. He was the first vice-president of the first State Society.

William F. Schatz graduated at the Hahnemann College in 1864, and soon associated himself with Dr. J. H. Coulter in Columbus. He contributed some valuable articles to the profession. He joined the Society in 1864.

C. B. Herrick graduated at the Cleveland Homeopathic College, February 27, 1856. He then located at Marion, and remained there three or four years; thence to Mansfield, where he built up a large practice. His wife died at this place, and he left Mansfield and located at Fayette, where he died in 1893, aged 66.

George W. Bettely graduated February 20, 1858, at the Cleveland Homeopathic College. He remained in Cleveland until his death, which occurred about 1868.

Mrs. J. Rabon had a special degree of obstetrics conferred upon her in 1860. For many years she did the largest business in that department of anyone in Cleveland. She died several years ago, lamented by the poor, as she was their true friend.

Mrs. C. A. Seaman graduated at the Cleveland Homeopathic College in 1860. She opened an office on Seneca street, and commenced with electric and other baths. She was the organizer of the Woman's College in Cleveland. She did a large business, and died at the age of 55.

E. C. B. Cyrax graduated in Germany, and located in Cleveland in 1861, remaining until 1875, when he returned to Gotha, his birthplace, and died at the age of 73.

Geo. Storm, M. D., graduated at the Eclectic Medical School in 1851, and located in Willoughby, where he practiced Homeopathy until his death, which occurred about 1880.

T. P. Wilson graduated at the Cleveland Homeopathic College in 1857, and in 1859 was elected to the chair of Physiology and Pathology, which he occupied for thirteen years. In 1870 he was appointed president of the college, and continued as such until the Pulte College was organized, when he became a professor in that institution. A few years later he was appointed professor in the Ann Arbor school, and there remained until his health compelled him to resign. He was editor of the *Medical and Surgical Reporter* and *Medical Advance*. He is an 1864 member.

J. C. Sanders commenced the practice of Homeopathy in Cleveland in 1859. In 1860 he was elected president of the college, and held that position for eight years. He occupied the chair of Obstetrics for twenty-seven years. He has been an almost regular attendant at our State annual meetings, and rarely failed to pre-

sent an able paper ; he has also contributed many valuable articles to the medical journals ; has been a member of the medical staff of the Huron Street Hospital since its foundation ; a member of this Society in 1864.

Samuel R. Rosa, a son of Storm Rosa, graduated at the Eclectic College, March, 1850 ; he located in Painesville ; he became a member of this Society at its organization ; he died at his home in April, 1853, aged about 28.

F. H. Rheiwinkle, M. D., practiced Homeopathy in Chillicothe in 1850. In 1851 he went to Portsmouth, and practiced in 1851-2. He retired from practice in 1855, and adopted dentistry. He was born in Germany, and died in Chillicothe, June 13, 1889, aged 65.

Charles Morrill graduated at the Western College of Homeopathy, February 28, 1855. He located in Warrensville, where he built up a large country practice. In 1871 he located in Cleveland, and worked unceasingly until within a few hours of his death. Age, 73. He had been a member of this Society for two years.

R. B. Rush, of Salem, graduated at the Western College of Homeopathy, February 28, 1860. Perhaps no man in the State has attended more punctually our State and National meetings. He is now about 70 years of age, and doing good work for Homeopathy. Since 1868 he has been a very active member of the Society.

Dr. Stokes was a practitioner of Homeopathy in Zanesville in 1853, being the pioneer in that city.

L. W. Sapp graduated at the Western College of Homeopathy in Cleveland. He commenced his practice in Mt. Vernon in 1857 ; later he removed to Cleveland, and is still engaged in the profession. Age, 68.

T. S. Flowers died at Lancaster, Ohio, on the 21st of November, 1895, in the 86th year of his age. He graduated at the Western College of Homeopathy in February, 1864.

J. R. Flowers was born on a farm near Salem, Fairfield county, and died at Columbus, May 22, 1895, aged 59. He was a member of the City Council in Columbus for four years, and at various dates had charge as physician of the State institutions.

Lewis Barnes, of Worthington, Ohio, was born in Belmont county, December 1, 1825. He attended lectures at the Eclectic

Medical Institute in 1849-50 ; practiced Homeopathy about thirty years in Troy, Miami county ; attended the Hahnemann College at Chicago, where he graduated.

Dr. E. B. Holmes was the first Homeopathic physician of Sidney, locating there in 1860, and left during the War. He was succeeded by Dr. B. F. Lukins, who remained there until 1869. He died in Germantown, in 1895.

S. A. Beach was born in Belmont county, Ohio, December, 1825 ; educated in the common schools ; attended lectures at the Eclectic Institute in Cincinnati in 1849-50 ; some years later received his diploma from the Hahnemann College in Chicago ; practiced Homeopathy in Troy, Ohio, thirty years ; now located in Columbus.

Charles Metzer graduated at the Western Homeopathic College, and located at Lima, Ohio, May 7, 1864, and is still at his post of duty, doing a large business.

**REPORT OF THE BUREAU OF REGISTRATION, LEGISLATION
AND STATISTICS.**

H. E. BEEBE, M. D., *Chairman,* Sidney, Ohio
"Progress to Date."

W. B. CARPENTER, M. D., Columbus, Ohio
"Shall Homeopathy Be Represented in Our State Institutions?"

REPORT OF BUREAU OF REGISTRATION, LEGISLATION AND STATISTICS.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

To the President and Members of the Homeopathic Medical Society of Ohio :

The Bureau of Legislation, Registration and Statistics respectfully present the following report:

December 21, 1893, in response to a call made by the medical profession of Columbus, there assembled at the Capitol City a convention composed of representative physicians from all sections of the State without distinction of schools. The object of this gathering was to formulate a bill satisfactory to all recognized schools of practice to present to the General Assembly recommending that it be made a law. At the organization of the convention a committee was appointed composed of representatives of the different schools of practice to frame said bill. Dr. M. H. Parmalee, of Toledo, President of your Society that year, was the Homeopathic member of that committee which framed and presented to that large convention what was known as the Neil House or Mosgrove bill. While the bill was far from being satisfactory to many of those present, individually, it was adopted by the convention with but one dissenting vote. The members felt that this was the best that could be done at that time; while many important features were omitted this bill would serve as a nucleus for something better in the future. The bill, as you all know, was defeated that year by reason of radical changes in its provisions made by both the Legislature and Senate. At Toledo Dr. Walton introduced the following resolution, which was carried:

Resolved, That the Homeopathic Medical Society of Ohio, convened in annual session, May 8 and 9, 1894, favors the passage of the Mosgrove bill as formulated by the convention of delegates held at the Neil House, Columbus, Ohio, December 21, 1893.

Last year at Cleveland, after a free discussion, it was decided to adhere to the same resolution, for it was so plain to be seen that some legislation was bound to come, since thirty-nine other States had already enacted similar laws, and Ohio was expected to do the same.

Early in the summer, previous to the convening of the present General Assembly, a call was extended for a joint meeting at Columbus of chairmen from the legislative committees of the different State medical societies. There were present at that meeting a goodly number belonging to the various legislative committees, aside from the chairmen. At this meeting it was decided by all present that the Mosgrove bill be agitated and strenuously adhered to throughout the State, and that nothing else be accepted as a compromise. No material changes were ever after made from the original, although ex-Attorney-General J. K. Richards (who is now attorney for the Board of Registration) did spend two weeks in a revision of the bill, comparing it with similar laws of other States, in order to make it legal, so far as possible, and thereby protect it from litigation, which is always to be expected. It was finally deemed in good shape, and was introduced under the name of the Kimmel bill. This time it met with but little important opposition, and by reason of harmony in the profession it became a law February 27, 1896.

Each time this bill came up for discussion, either in the House, Senate, or any of their committees, the profession was on hand. Your chairman of this bureau and some of the members were present at four different times, always at the call of the profession. Your committee thank the profession in general for the earnest support given them when called upon. Only by this persistent effort did the Kimmel bill become a law in its present form. It is not now what any of us would wish, but for the present give it your support, so that as time goes on it may be improved and in the not far distant future come up to our wishes.

I am not now, and never have been, pleased with this law, because it contains so very little, but I do believe it is a start in the right direction. So please do not criticise and find fault with it, but step to the front, and by your support help to make it what it should be and what it can be made to be.

The Homeopathic medical profession has ever been the first to elevate medical education in this country. Our colleges are of the highest standard. The American Institute of Homeopathy was the first National medical organization to make a three years' col-

lege course compulsory, and when the time came for four years she was again ready for that step. These are admitted facts by many leaders of the dominant school. Now, let our profession in Ohio do her part, and in time the laws will stand with Illinois, Iowa, Minnesota and other States that have taken the initiative on this question. It certainly is the duty of every member in the profession to endeavor to elevate our calling.

As to the features of the Kimmel law the profession is or ought to be by this time, well informed, and all that is asked is for you to stand by the board that is so earnestly trying to enforce it. The Homeopathic profession need but show what it is, what it wants, and what it is entitled to, then justice must be accorded it on all sides. Our register shows about one thousand *bona fide* Homeopathic physicians in Ohio. Now, let every one of these feel and realize that he or she has an important work to perform, and buckle on the armor for earnest duty. Then, one year hence your Committee of Legislation, Registration and Statistics will be able to present such a report to this Society that none need feel humiliated.

SHALL HOMEOPATHY BE REPRESENTED IN OUR
STATE INSTITUTIONS ?

BY W. B. CARPENTER, M. D., COLUMBUS, OHIO.

It has been my misfortune, though a member of this Society for thirteen years, not to have been able to be a regular attendant at the meetings, or assist greatly in the work in which we are all interested. Still, my interest has not abated, and I have carefully watched the work and workers, so that, if possible, I might contribute something, be it ever so little, to our common cause. And now, at a time when the effort of medical workers has succeeded in securing some kind of legislation, legislation that, as far as we can see, will not be much, if any, benefit to us as doctors, or as Homeopathists, simply adding a little formality and a fee of \$5.00 to the requisites for practicing in the State, at the same time arranging the State Board so that matters affecting the schools of medicine

shall be decided by a vote of six to one, or at best of five to two against us, it certainly seems meet for us to consider whether we are receiving all we are entitled to, and, if not, whether the Society should now take such steps and begin such active work as will secure what we, ourselves and our patrons, claim by right. We are all agreed that heretofore we have not received anything near our due, as far as recognition by the State or general government is concerned. Is not this the time to reach out for greater things? We say yes! But simply asking or sending petitions for such recognition will avail little. To be sure, several times our school has had a representative as medical officer in the State institutions, or at least in two of them—the Blind Asylum and the Penitentiary—and in both instances enviable records were made. But these appointments were political incidents, and were very unsatisfactory because for such a very short time. We cannot hope for much better treatment in this direction as long as present political methods are pursued. But to secure a change means hard labor, persistent effort, and intelligent work in preparing for and in carrying out the campaign. You can all readily see that we must go to the legislature, and secure from it such a law as will place at least one of the State institutions under Homeopathic control, and then when changes must come the medical appointees *must* be chosen from the Homeopathic ranks.

It certainly is the province of the State Society, the organized representative of our physicians and our people, to take such steps as will inaugurate and carry out successfully whatever is needed to secure such important legislation. We are ourselves convinced that we have a right to such treatment from the State, but how can we make others, especially those in positions of importance and power, see as we do? Of course, the answer to that question would be the real work before us; but some such reasons as these would be among those presented.

1. We have nearly one thousand Homeopathic physicians in the State, one tenth of all the practitioners, and a number second only to that of the dominant school.

2. Our patrons are in number nearly, if not quite, equal to that of the other schools; in influence surely their equal.

3. In the hospitals, where our school is represented, whether fully under our control or only partially so in wards, the results of the treatment have been so much superior with all diseases to that of any other school that we are justified in demanding from the State a larger field for our work, thereby insuring to those in such institutions greater benefit.

4. Private institutions and sanitariums under Homeopathic control send out records of their work, such as the other schools cannot reach, and thus afford another argument for extending the influence of Homeopathic medication.

5. Other States have already made the experiment, if such you please to term it, and in every case success and satisfaction has followed the change. New York has recently established a second institution, to be placed under Homeopathic control, at Middletown, N. Y. The statistics from the opening of the institution to September, 1895, show :

Number of patients treated.....	4,524
Recoveries	1,645
Per cent. of recoveries.....	36
Number of deaths.....	651
Per cent. of deaths.....	14

Total old school State hospitals in New York, to same date, show :

Number of patients treated.....	45,849
Number recovered.....	10,684
Per cent. recovered.....	23
Number of deaths.....	9,003
Per cent. of deaths.....	19

The new institution at Fergus Falls, Minn., not six years old, shows reports that the old school cannot duplicate, though many of the incurable cases were transferred from the two older hospitals so as to equalize the population, but their reports being biennial we cannot get from them anything later than July, 1894.

If we go to California, Iowa, Michigan, Massachusetts, we would hear similar reports, but the time since it seemed best to call the Society's attention to this subject has been too short to permit us

to secure the latest statistics. Many other reasons for our undertaking and pushing this work will occur to us all, but they can best be formulated when the work has been begun.

The next session of our Legislature will be in two years, or January, 1898. But we will need all the intervening time to prepare and arrange for the work with our legislative body while it is in session. Shall we go forward so as to place ourselves in line with other States who occupy advanced positions in reference to medical questions? Now is the time, and this is the meeting to begin the work.

REPORT OF THE BUREAU OF MATERIA MEDICA.

HENRY SNOW, M. D., <i>Chairman,</i>	Norwood, Ohio
"Thuja Occidentalis."	
WILLIAM OWENS, M. D.,	Cincinnati, Ohio
"Science in Medicine—How Far Can It Be Made Available in the Cure of Disease?"	
A. W. REDDISH, M. D.,	Sidney, Ohio
"Mercurius and Syphilis."	
J. A. GANN, M. D.,	Wooster, Ohio
"The Nerve Line in the Materia Medica."	
J. C. FAHNESTOCK, M. D.,	Piqua, Ohio
"A Proving of Phlaspi Bursa Pastoris."	
F. O. HART, M. D.,	West Unity, Ohio
"The Homeopathic Treatment of Chronic Alcoholism."	
FLORA WADDELL, M. D.,	Wauseon, Ohio
"Some Notes on Calcarea Carbonica."	

THUJA OCCIDENTALIS.

BY HENRY SNOW, M. D., NORWOOD, OHIO.

The mention of Thuja brings to our minds the subject of warts, of clycosis and of the hydrogenoid constitution. That it is a powerful remedy in these conditions cannot be doubted, and we are all familiar with its indications and its successes in these fields. Perhaps its very success here has caused us to somewhat overlook its value in other directions in which it is no less useful. It has, in fact, its own marked and decided sphere of action, and within that sphere is as efficient and deep acting as any drug in the *materia medica*.

Without attempting in any way to exhaust the subject, I desire to call attention to a few of its more prominent symptoms:

The mental condition is one of gloominess, ill-humor, and there is an inability to collect and express the thoughts. There is great general weakness, the patient is hardly able to get around, and there is a subjective feeling of utter prostration.

Thuja is a painful remedy. The provers experienced all sorts of pains, but in particular sharp pains variously described as stitching, sticking, lancinating, cutting, pinching and biting. Also, as tearing, drawing and griping. The pain may or may not be felt in small spots. The pains may come on either during rest or motion, but are apt to have this peculiarity, that, if they come on during rest, they are relieved by motion, and if they come on during motion they are relieved by rest. The pains are described by some provers as flying pains, coming and going suddenly. These symptoms, together with the headache and the nasal and respiratory symptoms, would seem to indicate the drug in la grippe, ordinary influenza and the beginning of a common cold. The respiratory symptoms consist of hoarseness, dry or loose cough, marked oppression of the chest, sticking pains in the lungs, and difficulty in getting the breath and indicate the drug in bronchitis and pneumonia. The headache of Thuja is described as pressing, stitching, drawing, lancinating, etc., and is usually felt in the forehead or vertex. Often it is a one-sided headache, with darting pains, which travel from before backward. These headaches are often attended by

weakness and burning in the eyes and congestion of the conjunctiva, and consequently we find Thuja of great use in eye troubles, as eye-strain, and in inflammatory eye diseases, especially those affecting the outer envelopes as conjunctivitis, keratitis, scleritis, etc.

We will pass with mere mention the action of Thuja upon the skin producing warts, pimples, and an eruption similar to variola.

Perhaps the most important action of Thuja is upon the genito, urinary and sexual organs, and should constitute it a remedy of prime importance for acute and chronic gonorrhœa, especially the latter, and where the disease travels backward and affects the neck of the bladder for balanitis, and in the female for decrease of the amount of menstrual flow without irregularity. The drug also produces condylomata and other excrescences upon the sexual organs. They are generally hard, rough, and exude moisture. Sometimes they are fungous in character, and bleed upon the slightest touch. Finally, Thuja, like the Official surgeon, has a marked action upon the anus and rectum. It produces itching, burning, pain and uneasiness in the anus and rectum, and a slimy discharge from the rectum. The rectal vessels are also enlarged and sore. These symptoms would indicate the drug in a number of rectal diseases, as haemorrhoids, proctitis, etc.

The following case is related to show the prompt and efficient action of Thuja when indicated :

Mr. R. aged 40, consulted me September 22, 1894. For fifteen years he has been suffering with neuralgic headaches. They have this peculiarity, that they occur only during the winter. The pain is over one or the other eye, usually the left; is very severe, and darting in character; during cold weather he is almost incapacitated for business, owing to their frequency; has been under every conceivable treatment except Homeopathic, and has had some of the ablest Allopathic physicians in this part of the country. He comes to try Homeopathy as a last resort. The suggestion was made to him that perhaps there was some eye-strain, but he was sure that that was not the case; can see perfectly well far and near; eyes never hurt him, though used constantly; had them examined by two or three *opticians*, who had pronounced his

eyes sound, etc. A consultation with an oculist was still insisted upon, but he absolutely declined. I now determined to prescribe upon the symptoms. The character of the pain, the location, but especially the aggravation (presumably from the dampness of the winter air) all pointed to Thuja. A bottle of the 2^x potency was given, and after a few doses the headache from which he was suffering at the time disappeared, and has never returned to this day, now nearly two years. In place of the headache, however, the following symptoms developed, namely: Weakness of the eyes ; cannot use the eyes without their smarting and burning ; also dimness of vision. The patient was now quite ready to consult an oculist, and was sent to Dr. G. C. McDermott, who prescribed the proper glasses, and by care of the eyes their strength has gradually improved, until he is now able to use them for all ordinary work.

SCIENCE IN MEDICINE—HOW FAR CAN IT BE MADE
AVAILABLE IN THE CURE OF DISEASE?

BY WILLIAM OWENS, M. D., CINCINNATI, OHIO.

Science is defined to be "knowledge arranged in accordance with natural law." Grauvogle, in speaking of science in relation to Medicine, says : "All science must be directed to this, instead of the contingent to set up that which law makes necessary."

If, therefore, a contingency or exception exist it cannot be regarded as a law, but a rule.

Hahnemann discovered a law of drug patho-genesis, which, under the administration of drugs to the human organism, under a uniform law, induced certain disturbances of the "vital force" which gave rise to morbid processes in the body. Hahnemann also announced and taught that all disease so-called consisted "in some disturbance of the feelings and functions of the body," and that every morbid process, except those of traumatic origin, arose from this disturbance of the "vital force," or function, within the organism, and also taught that every drug has its own peculiar mode of action and disturbance in the functions of the

body ; that no two drugs produce the same effect upon the "vital force," and that each drug produces its own peculiar impression upon the system, which, Hahnemann claimed, was its true simili-mum of a morbid process. Unfortunately, Hahnemann did not undertake to tell us what this "vital force" is, nor in what portion of the organism it resides, nor whence derived. He admits that it is associated with matter in some form, and that the functions of the organism were the result of this "vital force" acting upon or through matter "affecting and infecting, as it were," this matter, and rendering it susceptible to irritability. In searching for a basis for drug patho-genesis we are led to inquire into the origin of this irritable matter. What is it? where is it found? and what office does it sustain to the human economy? It cannot be bone, muscle, tendon, blood vessels or areolar tissue, for these in their normal condition are devoid of irritability or sensation. The only remaining tissues to which irritability can be ascribed are nerve tissue and protoplasm. Protoplasm is alleged to be "the physical basis of life, and that this substance alone is living matter," and that when it becomes organized into cell or tissue it retrogrades, decays and dies.

We are taught that protoplasm underlies all organic life, and that from it cell genesis takes place, which is the first step toward organization. We are also told that there is no difference, chemically or physically, between that protoplasm which enters into the formation of the vegetable or man, and that this constitutes the foundation of all irritability in matter. Physiologists also inform us that the ganglionic nerve cells, which enter into and compose the organic or vegetative or nerve system, are composed of protoplasm, molecules and neurine cells, with or without nucleus or nucleolus, with unipolar and multipolar elongations, which constitute nerve filaments. These supervise and control all of the organic functions of the body. We shall, therefore, find it impossible to find any other source for irritability than protoplasm or other cause for nerve energy (vital force) than irritability, which may be increased or diminished by any agent capable of inducing irritability in protoplasm.

Hahnemann taught that no drug could be regarded as a true similimum of a morbid process unless that drug contained within its pathogenesis all of the phenomena of the morbid process, and that from this alone a rational and successful therapeutics could be maintained. Upon this point great diversity of opinion and teachings have arisen, and while these are allowed to prevail a scientific thereapeutics is impossible.

Medicine, in its true signification, may be divided into scientific and practical. The first pertains to the invasion of the morbid process through disturbance of the "vital force," or functions, perverting the natural law, which enables us to trace these disturbances from their inception to their determination in restoration or dissolution.

The second pertains to the prevention and cure of the morbid process, including the restoration and maintenance of health. The first will require a thorough and accurate knowledge of the health functions under natural law as the result of thorough and accurate scientific observation, experience and knowledge of the influences which combine to develop the morbid process. The second will require a thorough knowledge of the means and agencies which, acting in harmony with the natural law, tend to correct the morbid process. This is therapeutics, and can only attain to approaching scientific accuracy under the law "similia."

Medicine of itself is not capable of asserting or proving anything, but when brought into contact with irritable matter in the organism develops its peculiar phenomena, and cures are the result. We should investigate, and endeavor to understand what the changes are which take place in the organism under drug influence.

We must understand that pathological phenomena are but disturbed physiological processes, affections of the functions of the organs or tissues, differing only in their specific effects upon the changed conditions. Should we observe that each particular form of morbid process is preceded, attended and followed invariably by certain phenomena, and that they sustain to each other the relation of cause and effect, we undoubtedly have a law of nature upon which a science of therapeutics can be predicated. Enough, we believe, has been now said to enable us to compre-

hend our task of attempting to prove that by experiment, observation and experience (which give us knowledge) that facts arranged according to law show an intimate relationship between the morbid process, so-called natural disease, and those conditions which arise from drug patho-genesis, disturbed enervation and disturbed function.

The conclusion upon this point is, therefore, that life can only exist in the presence of organic matter, and that this matter must be susceptible to irritability ; that irritability is a property of protoplasm ; that this begets molecular motion and cell genesis, and, finally, the cell yields function and life. We may then properly assume that drugs, like so-called natural agencies or forces, coming in contact with protoplasm, the primitive organic cell or its filaments, act as foreign agents, and irritate these nerve cells or filaments, and thus excite, exhaust or depress enervation, and cause excessive or deficient functionalism or a morbid condition. We shall find that this irritation impresses molecules rather than masses. The feebler and subtler forces in nature are usually the more efficient in disturbing the functions of the organism, and hence it is that the more minute particles of drug substance and the subtler forces existing in the unperceived and undetectable gases are among the most efficient agents in disturbing the function and in establishing or removing morbid conditions, while if the same were applied in masses the effect would, in all probability, be *nil*. To render the impression more positive, certain and effective, the impressing agents should be applied to the medium in its most susceptible and plastic state. From what has been here presented it would appear that the forces so applied become irritants to the "vital force," disturbing its functions, and furnish a reliable guide in the therapeutic management of so-called disease.

One point alone remains to be met. That is the special and peculiar phenomena which each drug is known to induce. It is an admitted fact in science and in nature that no two substances are alike, and no two forces in nature produce like results. Infinity in variety is the law of nature, and as all true cures are effected by an attempt to imitate nature it becomes necessary, in securing

these results, to select the drug, substance or agent, which, in its patho-genesis, induces the peculiar phenomena which is observed as occurring under the morbid process as established by nature.

MERCURIUS AND SYPHILIS.

BY H. W. REDDISH, M. D., SIDNEY, OHIO.

Truth is worth its face value wherever you may find it, and error is untenable, although it has the fiat of saints upon it; and if the Homeopathic treatment of syphilis with mercurius in the higher attenuations is insufficient it should be repudiated, and the stamp of the school should not be put upon it. If, however, my experiences run counter to that of others all I ask is to be given credit for honesty. In the last five years I have had twelve to fifteen cases of syphilis under my care from the better class of the community in whom no difficulty existed in pursuing treatment to the end. The patients were under treatment from twelve to eighteen months. The symptoms observed in these cases in the order in which they appeared were initial chancre, copper-colored macular eruption, characteristic angina, and loss of hair of head. Other symptoms that developed in most of the cases treated were softening of the fingernails, swelling of the tongue, sallowness of skin, neuralgic pains, and glandular enlargements. One case developed a pustular eruption in place of the macular. I have treated all of these cases with mercury exclusively in the lower attenuations. As the symptoms grew more acute, the mercury administered was increased. I commenced with the biniodide of mercury 2^x as soon as the chancres were discovered and syphilis diagnosed. When angina made its appearance, mercurius sol. 1^x , or blue mass in one or two grain doses was given two or three times a day, and continued until physiological effects were produced on the bowels. Less than this will not master the difficulty. This treatment is continued from twelve to eighteen months. If discontinued in a less period of time the angina returns, and the hair comes out. Where it is continued the full length of time,

syphilis is completely cured, tertiary symptoms do not develop, and other remedies seldom called for. In my earlier practice I tried higher attenuations, but the patients were not relieved, and the cases got away from me. This treatment is both specific and Homeopathic. Specific, because it cures a disease and not a symptom, and Homeopathic, because it does so according to the law of similars.

THE NERVE LINE IN THE MATERIA MEDICA.

BY J. A. GANN, M. D., WOOSTER, OHIO.

Uniformity in nature's laws is the Gibraltar of Homeopathy. The strength of conviction of those occupying this fortress in its impregnability has, we fancy, induced a sort of recklessness on account of this believed security, and it is only when some man-of-war of the "regular" line sends a few bombs over our ramparts that we stop, either to feel ourselves as to whether hurt or not, or look around to see who's hit.

In company with one of our well-known physicians, while at the International Congress of Homeopathic Physicians, I attended a part of the session of the Eclectic Physicians.

After listening to some of the papers and discussions my friend said to me that from what he knew of physicians of our school he believed that the great majority practiced on the basis of Eclecticism.

The charm attached to the word "specific," though born of, and, in truth, the genius of Homeopathy, has become so incorporated in the literature of Eclecticism that when one is asked, "do you believe in the specific remedy?" some explanatory prelude is necessary to an answer of the affirmative.

If anyone has any doubt of the increasing homogeneity of the medical profession let him consult the order-book of any peripatetic vendor of pilules and tablets from any of the large manufacturing drug houses of the country.

Just beside, or under, old Doctor Recipe Dosem's order is to be found the good-sized order of Doctor Homes Pellet, the latter being assured that "the preparations we are furnishing are becoming popular and standard with regulars and Homeopaths alike."

Now "figures don't lie," however much the fellows do that use them, but unless these aforesaid vendors of *materia medica* are born prevaricators, whose natural qualifications have been supplemented by a lively desire to impose on the credulity of their hearers, there is no likelihood but that they are somewhere near the truth.

But what does this statement amount to? You all know it, and if you, or I, or anybody else were to raise a protest against this prostituting of *homeopathia pura* to present "scientific" medication it would be as effective in urging a reconsecration to the principles that have made Homeopathy the power it has been as would be the vigorous kicking at a feather floating in the air. The feather would still float, and the kicker would want one more kick—at himself.

One might infer—and who will say wrongly—that modern Homeopathy no longer needs the schemes of Hahnemann, the analytic methods of Hering and Lippe, or the consideration of totalities as taught by Farrington and Dunham. All that seems necessary is the summary of "generalities" introducing the remedies, or a knowledge of the pathological condition revealed by scalpel and microscope when crude doses are administered *ad nauseam* if not *ad mortem*.

The finer expressions of drug action are considered merely individual idiosyncrasies, and possesses as little value in the selection of the remedy as though the nervous organization of man and the mollusk were equally simple and non-sensitive.

That part of our organism confessedly the most sensitive and impressible is often too much so to record the pathological impression of crude medication, and dies or languishes, while some grosser organ conceals the real hurt by covering itself with a garb called "morbid pathology."

It is true the nervous system of men has received great consideration, and is often borne down upon by so-called nervines whose adaptability is based upon some pathological condition whose real nature is often confessed as imagined or unknown.

Whatever of practical thought there may be in this paper I would not darken it by many words, merely adding that in prescribing, if we would watch the *nerve line* running through each remedy, as it runs more or less distinctly through every tissue, we will prescribe with better results than when basing our prescription on mere pathology, remembering that while each remedy has some special affinity for some special organ of the body, in preference to all other organs, yet so more or less intimately is it associated with the other organs that there will be no real loss of the individuality of the remedy in whatever organ it may act.

Construct a schema in which the nervous system constitutes the center, and notice how other symptoms arrange themselves about this, as do iron filings in the pressure of magnetic influences.

To illustrate, and, if possible, make plainer our thought. Take the three great fever remedies, aconite, gelsemium and veratrum viride, each distinctive, and yet how often used interchangeably.

Aconite, a cerebro-spinal remedy, affecting the sympathetic nervous centers, and the posterior portion of the spinal cord. Hence wherever these two systems have any power expect, to a greater or less degree, the excited, tingling, restless, even inflammatory condition from the influence of this drug, always sthenic, always intense, always sensitive in its every expression.

Now *Gelsimium*, while also a cerebro-spinal remedy, spends its force especially upon the *anterior* portion of the cord. Hence we would expect to find not the perverted sensations and expressions of aconite, but perverted physiological functions of muscular and glandular systems, as manifested by the prostration and exhaustion obtained by this drug. Note its *asthenic* nervous expression, where whatever of irritability of the nervous system there may be is due to the prostrated condition of the nervous forces, its fever being due to disturbed glandular function.

In *veratrum viride* we have another cerebro-spinal remedy, more limited in its sphere than either aconite or gelsemium, but in its real sphere seemingly more intense than either. Here the pons and medulla receive the main force of the drug, and the pneumogastric nerve, stunned by the blow at its origin, lets loose the fires

of inflammation in its track through loss of restraining power, while the spasm center of the medulla so strives to expel the poison that often the most violent spasms ensue.

As further illustrations and briefly (though they could be enlarged with profit), glance a moment at a few of those chief remedies used by the physiological branch of the medical profession in the treatment of constipation, aloes, mercury, nux vomica and podophyllion, and notice how true to the nerve line they act.

Aloes, a cerebro-spinal remedy, which, in the *mental sphere*, is *acrimonious, agitated*; in *digestive centers* is *acrid, agitated*; in *lower bowel tract* is *agitated, active, impulsive, early*.

Mercury overpowers the vegetative nervous centers, and we have changes from depression to degeneration, from the smallest to the largest gland of the body. Glands exuding abnormal secretions, sometimes through abnormal channels, while the normal channels are rendered dry or burning, perverted or purulent, while the reflex nervous centers possess sensitiveness and weakness proportionate to the glandular involvement.

Nux vomica. This is the fitful, spiteful, painful, touch-me-not cerebro-spinal remedy of the whole *materia medica*. Acting through the basilar portion of the spine and spinal filaments, in communication with the remotest part of the cerebrum and the remotest tactile corpuscle, it brings under its fitful, spasmodic, though more or less permanent display of power, all muscular tissue, whether voluntary or involuntary. Probably in no remedy is the nerve line more easily traced than in *nux*.

Podophyllin. Acting especially upon the medullary portion of the spine, spends its force upon the glandular system, depressing its vitality and flushing the natural channels with congestive and inflammatory products. As with all remedies acting upon the nervous energies of the glandular system, weakness and soreness of the general muscular system are present. But this is sufficient to illustrate. You readily catch my thought.

In the maze of symptoms presented by our *materia medica* follow the characteristic *nerve line* of each remedy. It will be true to itself wherever found, and will materially assist in the selection of the *similia* under Homeopathy's law of cure.

A PROVING OF THLASPI—THLASPI BURSA-PASTORIS.

(“SHEPHERD'S PURSE.”)

BY J. C. FAHNESTOCK, M. D., PIQUA, OHIO.

PROVER NO. I.

Medical student: Male, brunette, tall, weight 165 pounds, dark hair, dark complexion, in perfect health, never knew what a headache or backache meant.

August 27, 1895: Examination of urine showed quantity during 24 hours, 25 oz.; color, amber; specific gravity, 1028; reaction acid, no sugar by the Fehling's solution test; no albumen; earthy phosphates slightly increased; alkaline phosphates increased slightly; sulphates increased; microscopical examination revealed nothing abnormal.

August 28, 1895: Took 15 drops of tincture at 9:30 A. M.; took 15 drops of tincture at 11:30 A. M.; dull frontal headache; dull pain in both temples; numbness in left arm and left leg; slight pain in left testicle. Took 15 drops of tincture at 1:30 P. M., 15 drops at 3:30 P. M., and 15 drops at 5:30 P. M. Headache continues all the afternoon; drowsiness; unable to study; indisposed to make any exertions, either mental or physical; urine increased; could not sleep well in forepart of the night, owing to the headache.

August 29, 1895: Tired in the morning on rising, with weakness in the lumbar region; no headache, but headache after breakfast; no appetite. The urine was increased to 38 oz. for the first 24 hours after beginning the use of the remedy; color, light yellow; reaction acid; specific gravity 1030; albumen none; sugar none; alkaline phosphates diminished and earthy phosphates diminished; sulphates slightly increased; microscopical examination negative. No medicine used August 29, 1895.

August 30, 1895: Urine normal in color and quantity; no headache; urine still increased, 35 oz.; no other symptoms. Took 10 drops of tincture at 9:30 A. M., and 10 drops at 10:30 A. M. At 11 A. M. began to have frontal headache and dullness in temples. Took 10 drops of tincture at 1:30 P. M.; 10 drops at 2:30 P.

M.; 10 drops at 3:30 P. M., and 10 drops at 4:30 P. M. Dullness in the head; dull frontal headache; flushed face the entire afternoon; headache ceased after supper, 6:30; restless during the night.

August 31, 1895: Soreness in all the muscles of the right arm; dull pain in the lumbar regions; urine, 36 oz. in 24 hours, reaction alkaline; color, light yellow; specific gravity, 1026; albumen none; sugar none; sulphates normal; alkaline phosphates diminished, and earthy phosphates diminished.

August 31, 1895, no symptoms.

September 1, 1895, no symptoms.

No more symptoms.

PROVER NO. 2.

Miss M.: Single, blonde, tall, weight 145 pounds, in good health at the time of proving; has had no sickness for a number of years, with the exception of slight colds.

August 24, 1895: Examination of urine with following results: Amount in 24 hours, 20 oz.; amber color; specific gravity, 1025; acid reaction; albumen none; sugar none; earthy phosphates normal; alkaline phosphates normal; sulphates normal; microscopical examination, negative results.

August 25, 1895: Examination of urine showed same as the day previous.

August 26, 1895: Took 10 drops of the tincture at 4:30 P. M., and 10 drops at 6:30 P. M. Fullness in the right temple. Took 10 drops of tincture at 10 P. M. Full sensation and pain above the eyes; a heavy aching in forehead, and at times a drawing feeling in the forehead, extending to the eye-balls; restless during the night; awakened as if frightened at 3 A. M., and could not go to sleep again for two hours, very nervous; eyes swollen in the morning.

August 27, 1895: On rising, face pale and eyes very much puffed up; dullness through the entire head. Took 10 drops of tincture at 10 A. M. In a very few minutes there was a dull, pressing pain above the eyes. Took 10 drops of tincture at 12 M. I soon found myself nervous and restless; frequent inclinations to urinate, with a decided increase in quantity. This urging to

urinate continued all the afternoon. Took 10 drops of tincture at 10 P. M.; retired at 10:30 P. M.; was very wakeful; I could not lie still; was obliged to get up and urinate twice in one hour; very restless at 11:30 P. M.; got up and walked about the room, the inclination to urinate keeping up; read a little while until drowsy, after which I retired; sleep was troubled with dreams; urine increased 10 oz. in quantity the last 24 hours.

August 28, 1895: On waking had a tired feeling all over the body; eyes puffy; dullness in the head; unable to do any mental work; the frequent urination kept up the entire day; urine very light, quantity 35 oz.; reaction neutral; specific gravity, 1022; albumen none; sugar none; earthy phosphates diminished; alkaline phosphates normal; sulphates normal.

August 29, 1895: Feeling better, still a little puffiness about the eyes; urine about normal.

August 30, 1895: Slept well during the night, and feel refreshed. Urine diminished with red sediments; headache about all gone.

September 1, 1895: No more symptoms, with the exception of the red sediments in the urine.

September 2, 1895: No symptoms; urine about normal in quantity and color.

PROVER NO. 3.

This being prover No. 2.

January 30, 1896: Examination of urine: Amount in 24 hours 20 oz.; specific gravity, 1025; acid reaction; albumen none; sugar none; alkaline phosphates normal; earthy phosphates normal; sulphates diminished; microscopical examination with negative results.

February 2, 1896: The urine was again examined, there being no perceptible change.

February 2, 1896: Took 5 drops of 1^x dilution at 9 A. M.; 5 drops at 10 A. M.; 5 drops at 12 M.; 5 drops at 1 P. M.; 10 drops at 3 P. M. After taking the second dose of medicine I felt an inclination to urinate frequently; dull pain in the forehead above the eyes. At 12:10 P. M. the pain over the eyes and through the temples increased; inclined to take long respirations. At

2 P. M. head heavy ; dull feeling in the head ; dull, full feeling in both temples. At 4 P. M. went out for a walk, which relieved the sensations in the head ; urine slightly increased, about 5 oz.

February 3, 1896 : Did not retire until late, but slept well, and have a good appetite ; bowels regular as usual ; appetite not affected. Took 5 drops of 1^x dilution at 9 A. M.; 5 drops 1^x at 10 A.M.; 5 drops 1^x at 11 A. M.; 5 drops 1^x at 12 M.; 10 drops 1^x at 1 P. M.; 10 drops 1^x at 6 P. M. After the second dose I began to have a heavy, dull feeling in the head ; dull frontal headache; sighing respiration; nervous, and the inclination to void urine; urine increased in quantity; the frequent urination continued until evening, when I felt some better ; appetite not affected ; no disturbance of the bowels.

February 4, 1896 : Nervous and restless during the night ; obliged to void urine during the night ; amount of urine passed the last 24 hours was 38 oz., and not very much color.

February 4, 1896: Took 10 1^x drops at 10 A. M., and 10 drops at 12 M. Very soon after taking the first dose urine was again increased in quantity ; felt like urinating every few minutes ; fullness, a full feeling in the temples ; this pain and fullness in temples became very distressing at 12:30 P. M.; the temples were swollen and painful ; the only relief was to get out of doors ; urine increased in quantity 10 oz. more than usual during the day.

February 5, 1896 : Did not sleep well during the night ; sleep disturbed with dreams ; eyes puffy ; paleness of the face. I discontinued the remedy, as it unfitted me for reading or any kind of work, and spent most of the time lying down. I did not take any more medicine, and all the symptoms gradually subsided with the exception of a diminution of the urine for the three following days. During the three days that the urine was diminished the same red, sandy deposits were noticed in the urine. After this the urine was quite natural. Menstruated February 14, 1896 ; there was nothing unnatural.

March 1, 1896 : Am feeling perfectly well.

March 2, 1896 : Took 10 drops of 1^x dilution at 5 P. M.; 10 drops at 6 P. M.; 10 drops at 9 P. M. In twenty minutes after taking the first dose the same fullness in the temples was noticeable, and at the end of the first hour temples were swollen, accompanied by a

dull headache. At 7:30 P. M., my head aches very badly; eyes feel heavy; must urinate more frequently; feel very much depressed. At 11 P. M. I am still suffering with a frontal headache; get a little relief by closing the eyes and pressing on the balls.

March 3, 1896 : Was very nervous until nearly morning, then slept hard; awakened unrefreshed; eyes swollen, with a stiff feeling; tired feeling in the small of the back and lower limbs; felt generally tired; went out for a walk at 11 A. M.; did not relieve me, but seemed to tire me very much, and was obliged to lie down; headache in forehead and temples the entire day, completely unfitting me for any work.

March 4, 1896 : Slept very soundly during the night; am very tired this morning; eyes still slightly swollen; indisposed to read or make any effort; pain in small of back; a tired sore feeling; urine greatly diminished in quantity; urine reddish brown in color, leaving a sediment in the bottom of vessel resembling brick dust.

March 5, 1896: Feeling quite well to-day; urine normal in quantity and color.

March 6, 1896 : Was anxious to know what a large dose of the remedy would produce; took two doses an hour apart of 20 drops at a dose. In an hour from taking the first dose I had a very bad frontal headache, pain in small of back, swollen temples, severe pain in region of the heart. Felt drowsy and tired, yawning, with cold feet and hands; eyes puffy, swollen; must lie down. Two friends inquired if I were ill, and remarked about my looking bad; felt bad all day; urine increased one-third in quantity. I felt weak, and had no disposition to attend to anything for three days. On second day urine diminished, and again showed the brick-dust sediment. Menstruation began March 11, 1896, and continued to the 17th, inclusive, that being two days longer than usual. Menses very profuse; color deep red, with occasional dark clots. As noticed before, the urine still remained scanty and darker, with sediments. After cessation of the menses the urine increased in quantity and natural in every way. I am now, a month after this, proving in the best of health.

THE HOMEOPATHIC TREATMENT OF CHRONIC ALCOHOLISM.

BY F. O. HART, M. D., WEST UNITY, OHIO.

The Homeopathic treatment of chronic alcoholism—a disease as old as the traditions of the human race, and the substances used are as varied as mankind. In fact, it includes everything from urine to hard cider ; and the treatment has been as varied as both mankind and the substances used for debauchery. There is no disease known that has been abused, and has had as many nostrums and charlatans forced upon the people as in chronic alcoholism. They are as varied as the stuff drank ; includes everything from Keeley to Dorrie, Schlatter and Schrader. You are all aware that the world is still full of people that are cursed with this damnable disease—a disease that includes everything from selfishness to depravity, from forgetfulness to furor, from tremor to apoplexy, from simple gastric irritation to cancer of the stomach. In fact, nothing moral, mental or physical escapes its ravages.

Any Homeopathic physician can cure them if he "wants" to, and the recovery of his patient will prove to him the restoration of "white truth that had wandered off in grounds not understood."

Now, let us think of the immortal Hahnemann, and dwell with truth awhile. Like all chronic diseases, we must closely watch the mental conditions, for they predominate above all other symptoms. Anacard Orient gives us a picture from the primitive forgetfulness to complete mania. From extreme excitement of fancy, on and on by degrees until he becomes dull, and does not think at all. Then he hears voices of his friends far away. Has two wills, one tells him he wants whiskey; the other tells him to let it alone. Becomes awkward, gratale, passionate and contradictory; has an irresistible desire to curse and swear ; is afraid to be left alone with his friends for fear he will do them some harm.

Unlike that selfish devil, Ars. Alb. afraid if left alone he will kill himself. They both have great fear of death, yet the Ars. Alb. patient will make a great fuss; thinks he is very sick ; he has been abused, cheated, or wronged. He is one of those innocent persons who never did anything wrong in his mind. "Somebody else done

it." Yet he will get up in the night, and chase all over town for a drink. He is an old offender, and thus you may follow him to Carcinoma and Adipocere.

Cau. Ind. first is happy, has oratorial fits, error of perceptions as to space and time ; finally sinks into a low lethargy. While with opium he is wide awake, he is drunk, and wants everybody to know it. This is in old sinners. His face wears that constant expression of fear and terror. When he does drop down he does not sleep. He hears everything that is going on; is constantly jumping up. Visions of animals are constantly jumping up from all parts of the room ; if he does at all obtain sleep it is of the stertorous character. Either softening of the brain or apoplexy ends the scene.

The Stram. patient is first furious and violent, then sinks into a sound sleep, to be awakened by animals coming toward him from all parts of the room ; he tries to escape ; his face is bright red.

Lach. and Eleps. he sees snakes; both have the exhausting diarrhoea.

Calc. carb. The moment he closes his eyes he sees visions that compel him to open them in afright.

Do not forget Verat. Alb. for those religious sinners. "This is the first time." If God will forgive me, will never do it again. Afraid that they will be eternally damned. While Nux Vom. is an all around bum. In apoplexy of drunkards always think of Baryta Carb. and Lach. When the coma fails to yield to Opium, think of Apis. Ran. bulb for the epileptic form of delerium tremens and hiccough of drunkards. The most discouraging of all is the drunkard's cough, and here you will find a friend in Stram. Ant. Tart., Ans. Alb., Baryta, Calc. Carb., Phos. and Lach. will all play their parts well. For the debility think of China Avena Sat., Coca. Phes., Phos. acid, and Sulph. acid. In Ars. Alb. subjects, you have a complete prolapsus of the rectum, while with Lach. you have a constriction. Ale and beer drinkers will call your attention to China, Gum Gut., Kali Bich., Mur. acid, Ant. Tart. and Sulphur. Cider, Calc. Phos. Wine, Zinc Chel. Dioscor. Bry., Calc. Carb. China. Cubebs, Hepar and Lach. Brandy, Cal. Nux. Vom. and sulphur. For intoxication itself, Aconite, Bell. Coff. opium, Kati. Brom. Coffea and Brom. Coffea. But the quickest and

safest of all is rectal dilatation. When he gets on his last legs, has to vomit up five or six glasses of whiskey before one will stay down, cannot retain water unless he has brandy in it, the mucous membrane of the stomach is in a tremor all over, so much so he cannot hold his glass until after he has taken several drinks. Give Sulph. acid, and give Sulph. acid six to eight drops in eight ounces of water, a teaspoonful every hour.

Ars. Alb. Carbo Veg. and Ranc. Bulb. will also come in good at this stage. Hot water sipped, one or two pints at a time, an hour before meal time and before going to bed will do much for them. Hot milk has often cured them, and Pepterygum elixir will speedily restore the digestive organs to their normal conditions.

SOME NOTES ON CALCAREA CARBONICA.

BY FLORA WADDELL, M. D., WAUSEON, OHIO.

Ladies and Gentlemen :

I wish to call your attention to some of the uses of calcarea carbonica. It is an old and proven remedy, yet I do not think its use has ever been fully tested in many diseases where it might prove useful. I think it could be used in cancerous troubles much more than it is with decided benefit. I well remember two cases of cancer of the breast that several allopathic M. D.'s said had to be extirpated by the knife that I cured with calcaric carb. There is one now under treatment that went to a hospital and was informed that nothing but an operation would avail, that is almost well, as she refused to be operated on, and came home intending to let it take its course ; if she will continue the treatment three months longer she will have no further trouble.

In children's diseases it is invaluable ; it seems to provide the lacking material to cell growth ; supply that and the disease is no more, as there would be no disease if there was not something lacking that nature demanded with which to do its work. The need is something in dose and quality of preparation that can be assimilated by the growing cells ; when this is done there is a most wonderful and speedy restoration to health, possible in every curable disease.

In diseases of the skin, calcarea is a remedy that cannot be excelled ; children are fat, indolent, and a mental condition of irritability, constantly whining for something, you cannot find out what, and I really think are some like grown people we have seen, who do not know themselves what they want, and if what they wanted was offered them they would not own it, so as to have some further excuse for another whine.

But, dear me ! We cannot have all perfect people in either health or temper, else there would be no excuse for the gathering of this learned body to-day to talk over, and, if possible, discover new and more pleasant means to cure the ills of this physical body.

I will illustrate the power of calcarea in the cure of tumors by a case from practice. Three years ago a lady applied for relief from the distressing symptoms caused by an ovarian tumor of the right side; it had become quite large; impeded her breathing; could scarcely reach anything off the floor that required stooping, and had made partial preparations to go to some hospital for operation ; she did not expect to get anything of me but temporary relief. I persuaded her to postpone going away, and see what could be done with medicine first. She consented to try three months' treatment and see results. I looked the case all over, and calcarea had the predominant characteristics—the totality of the symptoms according to our law of cure. She commenced to take three doses a day ; after a time filled in a while with blanks (for people must have something to take, you know), then repeated the medicine ; at the end of three months was so much better she thought she would finish the treatment that way, and at the end of one year there was not a vestige of the tumor remaining. Saw the lady some three weeks ago, and there had not been any return of the trouble, and she has done the work for the family ever since.

I do not wish to be understood as saying that calcarea will cure all ovarian tumors. I cured a bad case some years since with lachesis, and think all ovarian tumors curable by the Homeopathic remedy. Many lives are uselessly sacrificed by the use of the knife.

The cure of rheumatism, when the result of working in water or getting drenched in rain, is very marked.

In nervous affection it does some fine work.

In the lying-in room I think its use is not sufficiently estimated. After confinement a woman cannot sleep; she jerks, is so nervous, starts at every noise, perhaps on the verge of mania; a dose every three or four hours produces quiet sleep, and tides over an unpleasant place.

Farington says: "It is useful in that terrible condition called delirium tremens, where the patient is tormented with rats, mice and snakes. The patient does not seem to think the imaginary snakes are after the imaginary rats and mice, but after *him* and will swallow him, sure. Therefore his fright is so dreadful and real it is necessary to give him as speedy relief as possible.

The cases are few where a dose of calcarea carb, repeated every half hour for a few times, will not give the greatest relief, and restful sleep follows.

In cases where they say, "I believe I am going crazy," it will restore the equilibrium and cure the patient. Another very marked symptom is damp feet, as if the stockings were wet and cold. Other remedies have damp feet, but none so marked as this.

In headaches it has scored some brilliant victories, especially of school children, where it vies with natrum-muriaticum.

But wait a little, and this hard study of Materia Medica, taking of symptoms, comparing remedies, etc., will all be done away with. Every M. D. will have an X ray focused on his patient, look through him, see where the vibrations are at fault, point an electric finger at the disarranged spot, when, lo! all will be right, and health be the result. The boon so long craved by all humanity—good health—will be so easily accomplished that all will enjoy it, and it all comes in such a natural way that in due time it can be had without money and without price. The akasha or sonoriferous ether, from which the X rays are drawn, was known to the ancients many centuries ago, but, perhaps, not utilized in the same way as now. Still the old saying may apply to this, as well as other things, that there is nothing new under the sun. This study of the X rays has led our bright lights to study and look to see what can be found in nature's finer forces, and the result will be more wonderful than this world has ever dreamed of in its ultimate results. But let the results be what they will our law of cure has been of incalculable benefit to mankind, and I say all honor, all glory and praise to that benefactor of the human race, Samuel Hahnemann.

REPORT OF THE BUREAU OF GYNECOLOGY.

J. H. WILSON, M. D., <i>Chairman,</i>	Bellefontaine, Ohio
	"Displacement of the Uterus."
C. E. WALTON, M. D.,	Cincinnati, Ohio
	"The Hermit's Story."
H. D. BISHOP, M. D.,	Cleveland, Ohio
	"The Surgical Treatment of Abortion."
H. E. BEEBE, M. D.,	Sidney, Ohio
	"Uterine Curettage."
MARY DENNISON, M. D.,	Toledo, Ohio
	"The Preparation of a Patient for an Abdominal Section."
M. H. PARMELEE, M. D.,	Toledo, Ohio
	"The Alexander Operation."

DISPLACEMENT OF THE UTERUS.

By J. H. WILSON, M. D., BELLEFONTAINE, OHIO.

Anatomy, and many authors on this subject, teach us that the uterus is situated in the cavity of the pelvis, between the bladder and rectum, with the fundus pointing upwards and forwards, and the cervix downwards and backwards, in the line of the axis of the inlet of the pelvis, and is supplied with the following ligaments: Two anterior, which pass from neck of uterus to posterior surface of the bladder; two posterior, which pass from the sides of the uterus to the rectum; two lateral, or broad ligaments, which pass from the sides of the uterus to the lateral walls of the pelvis, these ligaments being composed of peritoneum.

Besides these, we have the round ligaments, which consist of areolar tissue vessels and nerves, besides a dense bundle of fibrous tissue and muscular fibers prolonged from the uterus and having their commencement on each side at the superior angle of the uterus. It passes forwards and outwards through the internal abdominal ring, along the inguinal canal to the labia majora in which it becomes lost.

This brief anatomical description I have given that we may better understand the change of opinion that has taken place with some of the later writers on this subject, especially as regards anteversion of the uterus.

Writers generally agree that the uterus is a movable organ, subject to the following displacements: Anteversion, retroversion and lateroversion, and anteflexion and retroflexion. The term version is generally understood to mean a condition in which the uterus is turned out of its proper axis without its tube being bent, while a flexion should mean a bending of the tube with more or less of a curvature.

The causes of displacements given are numerous, viz: A distended bladder or rectum may push the fundus backwards or forwards; any condition giving rise to increased weight of the organ; acute and chronic inflammations, subinvolution, tumors, etc., or by the natural supports of the uterus becoming weakened; injuries

to the perineum and pelvic floor; increased intra-abdominal pressure, pelvic inflammations, inflammatory exudates, etc. These are some of the causes generally agreed upon, while opinions differ in regard to some of the positions of the uterus.

Dr. Streeter, of Chicago, I believe, has been teaching for years that the uterus, in its normal position, lies almost horizontally with fundus, a little lower than the cervix. Dr. Lawson Tait and Schultz also say that in the erect position with rectum and bladder empty, the uterus is nearly horizontal, and is more or less antiflexed; that this is the normal position under all circumstances, but that the position of a multiparous uterus is more than this, the fundus is actually turned downwards, and an infantile uterus actually has the fundus pointing almost straight towards the ground. If this be true, it then follows that what has been so often taken for anteversion is not a displacement, but a normal position, and we have no such a condition as anteversion, and a displacement forwards must necessarily be an anteflexion and more that the supports used for the correction of this displacement was a mistake, and the relief claimed for them must have come from the treatment used in connection with these supports, which might easily be, for as Prof. Wood, in his excellent work, has said that uterine displacements are ordinarily attended with no distress unless associated with hyperæmia or hyperæsthesia, and Tait tells us there are numerous instances of displacements in which no suffering has been experienced, and where the displacement therefore demands no treatment whatever.

If the normal position of the uterus is horizontal, then the broad ligaments have nothing, and the round ligaments but little to do towards supporting the womb.

This, I believe, is Prof. Streeter's view.

Lateral displacements are generally due to some inflammatory conditions or effusions in the broad ligaments, and seldom require treatment. Retroversion and flexions are the most often met with, and I believe in the large majority of these cases you will find subinvolution of the organ, laceration of the cervix, and injury to the peritonæum. Relief may come from treatment, but the cure will be made by the surgeon who rectifies these conditions.

It has not been my purpose in this paper to write on diagnosis, symptoms, causes and treatment of these displacements, but more to bring before you these views on anteversion of the uterus, hoping to bring forth opinions from those who are more able to discuss the subject.

THE HERMIT'S STORY.

BY C. H. WALTON, M. D., CINCINNATI, OHIO.

On a prominence overlooking the placid waters of the beautiful Kentucky river, near one of the numerous locks which restrains their wild rush to join the mighty Ohio, stands a small cabin. It is half hidden by trees, which, outlined against the clear sky beyond, stand as sentinels guarding some important point, and form a well-known landmark to the inland mariner. So high and rugged is the ascent to this lonely habitation that it has few visitors, especially as its sole inhabitant was known to shun all communication with the world except that which provided him with the barest necessities of life. Guarded by a huge mastiff the house was secure from intrusion during the absence of its owner, and when he was at home his hospitality did not extend beyond the limits of a broad porch which surrounded it upon three sides.

Whilst upon a tour of inspection of the government improvements last summer the writer strolled one afternoon up the hill towards the cabin. A curiosity, whetted by the mystery surrounding its occupant, led him to overstep the bounds of a sound discretion, as measured by the discriminating intelligence of the dog, and the result was a broken thigh and a badly damaged suit of clothing. The huge beast, having done his apparent duty in the way of active resistance, sat passively by and held me a prisoner until the master appeared. Learning the extent of my injury the hermit, for so he was called by the neighbors, rolled me on to a plank and drew me into the house, when, much to my surprise, he at once proceeded to adjust the fracture and apply a dressing with all the dexterity of an experienced surgeon. When the calming influence of a refreshing sleep had restored my nervous equilibrium I had time to notice in detail my surroundings. The forbidding aspect

of the house was limited only to its exterior. Within was found not only comfort but luxury. The furnishings indicated an owner of rare refinement and intelligence. Ample shelves were filled with choice books, the walls held several rare paintings and etchings, and a costly rug deadened the sound of every footfall. Hand-carved furniture appealed to the artistic sense, both by its uniqueness and tasteful arrangement, and two or three bits of statuary dispelled all idea of loneliness. A cabinet held one of the finest of microscopes and an abundance of chemical and electrical apparatus, whilst closed cases indicated the presence of a great variety of instruments. The hermit was a well preserved man of some sixty years and was in every way in keeping with his surroundings, save as to dress, which seemed to have been selected to harmonize with the crude exterior of his abode. He appeared as one possessing much of both mental and physical reserve force, and yet as one who had done with his fellow-man, and had permanently withdrawn, so far as possible, from the world. He has lived here for years, unknown and apparently unknowing, so far as his neighbors had penetrated his disguise. My tedious convalescence (he would not allow me to be removed) gave me opportunity to study this philosophical recluse, for such he proved to be. Little by little his reserve melted away until at last I had his story, given under the promise of secrecy until his death should relieve the obligation. Let him tell it in his own words, for he has recently answered the summons of the Universal Liberator, and his story may be as interesting to you as it was to me. It is as follows :

"I enjoyed the advantages of a liberal education, both literary and professional. Having chosen medicine as a profession and surgery as a specialty, everything that would increase my qualifications was furnished by wealthy and indulgent parents. At the age of thirty-five I found myself enjoying an enviable hospital position and a very lucrative practice. Cupid had respected my professional aspirations, and no matrimonial impediments restrained my progress. Wedded only to my work, days, and even nights, when necessary, were spent in research and study. Pride of diagnosis was as dear to me as is pride of ancestry to many

another, and every available autopsy was utilized for confirmation. Abdominal work was my special delight, and long continued success had rendered me well nigh invincible, but my Waterloo came. And here I am, as far removed from professional life as a human being can be, and committing to an apparent stranger the secret of my existence. But premonitions of the last great change are with me, and as I do not care to leave a manuscript another opportunity such as this may not present itself again.

"One night I was called to a distant State by a physician to remove an ovarian tumor. I found the patient to be a lovely girl of eighteen, an only child. The father had worn the judicial ermine for many years. The mother was the finished product of the highest type of a neurotic civilization, and had long been afflicted with heart disease. The tumor was reported to have been observed for fourteen months, and its size now demanded its removal. An examination confirmed the physician's diagnosis, and the questioning of the patient allayed any suspicion from which even a judge's daughter is not necessarily exempt.

"Preparations for the operation were speedily completed, and soon the insensate body of the patient was stretched upon the operating table. A few strokes of the knife uncovered what appeared to be a mixed tumor. Its fluid portion was speedily removed, and not till the solid portion was drawn through the abdominal incision was a pregnant uterus revealed. Oh, shades of Esculapius and Hippocrates, defend us! Where now was the diagnostic pride which had been building for so many years? What now could the invincible skill which had robbed death of many a victim do to save three lives from speedy destruction? What would save the mother's heart from inevitable rupture, the father's name from ignominy, the physician's reputation from irretrievable injury? Seconds seemed hours, and, under the immense strain of the situation, seconds *were* hours. Again the knife was at work and the cry of an infant was heard where the sounds of congratulations had been expected. Another Cæsar was born, and surgical skill had won another victory.

"The operative work being completed and the patient placed in bed, time was given to solve the critical problems which had so

suddenly developed. Could the rights of all be conserved? The blameless babe had the right of existence and its most favorable perpetuity. Its mother, by her inexperience and comparative innocence, had the right to be protected from a social ostracism which, if inflicted, would be nothing less than a living death. The judge and his invalid wife had the right to be spared the ignominy of their daughter's shame. The physicians had the right to be shielded from the exposure of an erroneous but apparently unavoidable diagnosis. And I! I had the right to establish and maintain the rights of all.

"A foundling's home and the private fortune of myself and the physician established the rights of the child. Hypnotic suggestion relieved the patient from all maternal instincts, and she lived to become a useful and ornamental member of society. An improvised tumor satisfied the cursory inspection of the judge and his wife.

"These rights protected and all other rights were secure, and the author of my patient's condition could lay no more flattering unction to his soul than that at most he had been the possible father of a pathological tumor. Shakespeare's dictum that 'All's well that ends well' was again exemplified, but I have never since that day put knife into human flesh. The strain of that frightful experience unfitted me for further professional work, and I withdrew to this secluded spot, where I have ever since spent my time contemplating the beauties of nature, courting science in her gentler moods, and reflecting upon the uncertainties of certainty."

THE SURGICAL TREATMENT OF ABORTION,

BY H. D. BISHOP, M. D., CLEVELAND, OHIO.

It is safe to say that in all communities, and especially in the larger towns and cities, every physician meets cases in which artificial abortion has been criminally performed. These are cases, too, which the physician dreads to undertake, because of the possibility of a mortality resulting, and the consequent risk to his professional and social standing, incident to official investigation, and his too often inability to establish his connection with the case.

It is with these facts before me, and also the fact that much more can be done than is generally practiced, for the safety of the woman, that I have chosen this subject for my paper.

I do not intend to discuss at all the methods of inducing premature labor, which, for different reasons, are found necessary, after competent professional consultation. However, the technique which will be described should be applied to such cases in order to secure safety to the woman.

The cases of which I will speak, and which we most often meet, are those in which abortion has been practiced in a way unknown to us, and generally by a physician who would pay no attention to the antiseptic technique necessary in such an operation.

Whether the abortion has been by the use of emmenagogues or by instruments, the conditions for further treatment are the same, with the exception, however, that instrumental abortion, if there is improper antiseptic technique, is more liable to be followed by sepsis. When the physician is called it is generally for one or two causes, either on account of hemorrhage, or on account of the symptoms of infection, which have developed from the introduction of septic material, or from the death of the foetus and the absorption of the decomposed matter. If either of the latter, we have to deal with a case which corresponds in every particular to that of puerpural infection, either pyæmia or septicemia. In either case, whether hemorrhage or infection, the indications for proper treatment are the same. The uterus must be emptied of its contents, and the most rigid antiseptic technique must be followed, both during the manipulations and during the convalescence of the patient.

All authorities agree that the immediate emptying of the uterus is the proper course of treatment. The methods, however, differ. For a long time the use of tents met with much favor, but with the utmost caution against sepsis infection from the tent itself would take place. Fortunately, the use of tents in this and in other conditions is now becoming obsolete.

If dilatation of the canal is sought by means other than instrumentation, the use of gauze packing in both cervix and vagina is much more preferable and offers a minimum chance of sepsis.

The tampon sets up violent contractions of the uterus which empty it of the foetus and secundies. The most surgical and rational treatment, however, is that of forcible and rapid dilatation of the cervical canal, and the extraction of the foetal mass. In the adoption of this method, the surgeon has his case under perfect control, and the danger of sepsis from retained masses is entirely obviated. This method of treatment is as follows. It is given in detail, and with especial reference to the antiseptic technique, which is the *sine qua non* of success.

The instruments which are absolutely necessary are a steel uterine dilator of sufficient strength to dilate the cervical canal to a distance of one and one-half to two inches, a pair of placenta or ovum forceps, a tenaculum forceps, a dull and sharp curette, a vaginal speculum, an irrigating tube and a uterine packer. The instruments are rendered aseptic by boiling, the hands and arms of the operator and assistants are made surgically clean by the permanaganate method, and all dressings are sterilized. A suitable operating table should be improvised, and the patient placed upon it in the lithotomy position and anæsthetized. Inasmuch as in such cases the operator is liable to be short of assistants, it is well to use a suitable leg-holder to maintain the lithotomy position. The bladder is emptied, the anus is dilated, and the lower bowel flushed free of any faecal matter. The external parts, vulva, abdomen, thighs and vagina are scrubbed with green soap, which is washed off with sterilized water. This is followed by a douching with a 2 per cent. creolin solution, followed by 1-3000 HgCr₂ solution. The speculum is then inserted, and the cervix fixed with the tenaculum forceps to steady the uterus. The dilator is then inserted into the cervical canal, passing through the internal os, and the canal carefully stretched. Care should be taken not to rupture the cervical fibres, which need not occur if dilation is gradual. When the cervix is sufficiently dilated the ovum is loosened with the dull curette, and, if necessary, with the sharp curette. In the use of the latter, care should be taken not to remove more of the mucous membrane than is necessary. Many old and neglected cases present such an advanced stage of decomposition that the operation becomes one such as is necessary in a bad case of endo-

metritis, and a thorough curetttement is required. Any mass of foetal tissue should be removed intact, if possible, with the placenta forceps. To feel sure that everything is removed, it is well to insert the finger, and pass over the uterine cavity. This can easily be done by pressing upon the fundus through the abdominal wall. Oftentimes the ovum can be detached, and the womb satisfactorily emptied by the finger alone, the womb being steadied from without, as just described. In fact, the steadyng of the uterus through the abdominal wall is an advantage, even in using the curette. If decomposition has advanced to any degree, the womb cavity should be irrigated thoroughly with the 2 per cent. creolin solution. The operation is completed by packing the uterine cavity with strips of sterilized gauze, one end of which pass to the fundus and the other to the outside of the vagina. A vulvar pad, saturated with the creolin solution, is placed over the vulva; over this is placed a piece of oiled muslin to retain the moisture, the entire dressing being held in place with a T bandage.

The subsequent treatment is the same as after normal labor. The gauze packing is removed after 48 hours. The vulvar pad is changed every 4 hours for the first 24 hours, and every 6 hours thereafter. At each dressing, and after urination, the patient is placed on a bed or douche pan, and the external parts are douched by pouring the creolin solution over them from a pitcher or flask. The parts should not be touched by the nurse, unless her hands are surgically clean. Dressings can be removed and replaced with sterilized dressing forceps. The patient should remain in bed, though not necessarily on her back, for a week. Treated in this manner, the mortality from criminal abortion can be materially reduced, and in all favorable cases there will be none of the troublesome sequelæ which follow abortion.

This method of treatment of artificial abortion is the most radical possible, yet from the results attained it commends itself as the only one to be adopted. The expectant method of treatment offers the untold dangers of sepsis, and the subsequent health of the patient is rarely what it should be.

During my professional experience I have met with a number of these cases. Professional abortionists, as a rule, observe none

of the laws of antisepsis, and the results of their treatment are left largely to chance. Their methods are faulty, and the dangers from sepsis are very great. I have found these cases with a temperature of 105 degrees on the second day after treatment, which infection could only come from septic material introduced from without. I have always operated in the manner described with uniformly good results.

About six months ago I had a call from one of our hotels, and found a woman upon whom abortion had been performed forty-eight hours previously. The physician who had performed it had been called in on account of excessive hemorrhage. He said that hemorrhage was just what he wanted. That the foetus could not come away without it. The man who was with the woman became alarmed, and, after consulting the hotel clerk, called me. I found the temperature 102, with marked tenderness over the abdomen. There was a very offensive odor from the vaginal discharge. The os was slightly dilated. I advised the woman to go to the hospital, and have the radical treatment described, but she feared exposure and refused to go. She was afterwards removed by her physician to a private house, where she died, after five days, of expectant treatment. The history of this case is that of everyone of the fatal cases. If expectant treatment had given way to radical measures, the life of the woman would have been saved. Expectant treatment of abortion is not a rational procedure.

In this connection it might be proper to discuss the duty of the physician when he finds himself confronted with such a case. To be identified with these cases, if a fatality results, is not pleasant, and the tendency is to shirk them. I have known physicians to refuse to attend such cases. This I believe is wrong. The physician should first protect himself by having witnesses present whenever he visits his patient, and then he should bring his very best surgical knowledge into use, and remove all danger from his patient. Then, too, by resorting to this effective treatment the physician removes all tell-tale discharges from the womb at a time when the friends of the patient are easily excluded, which fact often renders it possible to keep the woman's misfortune a secret from all.

In conclusion, I would emphasize the following points :

FIRST—When called to a case where artificial abortion has been produced, do not adopt expectant treatment.

SECOND—Treat the case from a surgical standpoint, observing everything that is necessary to maintain asepsis, both during the manipulations in the radical operation and in the after treatment.

UTERINE CURETTAGE.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

This agent, as a remedial measure in some of the stubborn diseases of women, was ably brought to our notice last year in a paper by Dr. Mary Dennison; but since it is justly becoming such an established and reliable adjuvant in the armamentarium of the successful gynaecologists, it is certainly worthy of again being considered, for some truths will bear repeating.

Its application, of course, is most frequently beneficial in diseases involving the endometrium, but not to these alone, for subinvolution, or even atrophy may call for this procedure. In fibroids, not necessarily submucous, but even in the subperitoneal or interstitial variety, it may be called for as a palliative measure. Where formerly the so-called popular local treatment to which women were taught to submit, two or three times a week with so little benefit, not often receiving relief, now this more radical, but really a much more humane and beneficial treatment is resorted to by advanced gynaecologists.

When a thorough curettage is done, probably followed by packing the uterine cavity with antiseptic material, to remain from twelve to forty-eight hours, or in extreme cases longer, the repetition, if required at all, is seldom necessary under weeks or months, and then not often repeated.

The laity, and many back numbers in the profession, oppose curetting the uterus only in extreme cases, since the measure is classed by them with the major surgical operations, an honest belief which the progressive gynaecologists must endeavor to dispel. It is minor surgical work, and when properly done there need be but little if any danger connected with it.

Any minor surgical operation may prove serious if unskillfully performed, or poor judgment be used. The successful surgeon dare not lack in good judgement, for he must not only know how to do his work well, but when to do it, and just what is necessary to be done, where to begin, and where to stop. If salpingitis or cellulitis, the latter seldom found to-day, be present, serious trouble may follow uterine curettage. As to whether the dull or sharp curette should be used, my preference is for the sharp instrument. I believe the American Text-Book of Gynæcology is correct when it says: "The dull curette is a useful instrument in scraping out retained secundines after abortions, or portions of intra-uterine or adenomatous growths for microscopical examinations. The sharp curette is a much safer and more efficient instrument for this purpose. In endometritis the hypertrophic membrane should be removed with a sharp curette ; blunt curettes are useless for this work. If a surgeon must use such, because of the supposed danger attaching to the sharper instrument, it is questionable whether he should do the operation at all."

One of the leading points of importance in treating diseases of the uterine cavity is to first dilate the cervical canal, never failing to temporarily paralyze the internal cervix. This primary work properly done, we will have good drainage, a very important feature in the after treatment of the case. Why should there be trouble if proper aseptic measures have been used and free drainage be established? If the drainage be imperfect, who would not expect trouble? Therefore, we believe that since it is so well settled that thorough and complete drainage is the very necessary feature in the work, where trouble ensues this has been neglected, or the case was one in which it was contra-indicated, possibly by some obscure lesion that the expert gynæcologist would have failed to detect. Accidents are liable to happen with the most skilled experts, and that, too, when least expected, but we believe they are no more frequent from uterine curettage than from many other well established minor surgical procedures, providing due care and thoroughness in doing the work be considered.

THE PREPARATION OF A PATIENT FOR AN ABDOMINAL SECTION.

BY MARY DENNISON, M. D., TOLEDO, OHIO.

I am conscious that I have selected an old subject, and one that you are all familiar with ; however, it is one that we cannot review too often. If possible, a patient, prior to an abdominal section, should be in the hospital an entire week before the operation. She should be carefully watched, both by the surgeon and the nurse who is to care for her, and every idiosyncrasy of temperature, pulse, digestion, sleep, etc., should be noted. She should be given a careful physical examination, no organ should be passed over unnoticed, but special attention should be given to the heart, lungs, liver and kidneys. We find one patient with a normal pulse of fifty-eight, another with a temperature which drops to ninety-six sometime during the twenty-four hours; another who cannot tolerate some simple article of diet which we depend upon in ordinary cases. Perhaps too late we discover an organic disease unknown and unsuspected by the patient. If these peculiarities are understood before the operation, they either deter the surgeon from an operation which would be disastrous, or they save him much anxiety during the stage of convalescence.

The following record should be kept during the week previous to the operation, and the following preparation should be made :

TEMPERATURE AND PULSE. These should be taken twice a day, and carefully recorded, so as to be able to compare them with temperature and pulse following the operation. We often find after simple dilatation of the sphincter ani that an abnormally slow pulse will become normal and remain so. We also find that a patient who has suffered with cold hands and feet, showing a poor circulation, will be entirely relieved of these uncomfortable conditions.

URINE. The urine should not only be examined chemically and microscopically, but the quantity passed during the twenty-four hours should be measured, and the frequency of micturition, and whether the patient urinates at night. We should also note whether any nervous strain increases the amount voided, as is usually the case, or decreases it. Generally the amount is less than normal,

and the specific gravity is higher. Within three days this trouble may be overcome by drinking a large glass of hot water with a half drachm of equal parts of common salt and bi-carbonate of soda before each meal. Lithia water is also very beneficial.

SKIN. The patient should take a daily plunge bath during this week to get her skin in a good active condition to excrete its proper amount of moisture. Her abdomen should be sponged twice daily with bichloride 1-3000. If her skin can tolerate it, she should keep a moist bichloride compress over her abdomen for twenty-four hours before the operation. On the day before the operation, the pubes should be shaved; it would be better to do this early in the week, but some patients will not consent to it. After she is placed on the operating table, her abdomen should be again scrubbed with bichloride, followed with alcohol. The patient should also have a bidaily vaginal douche 1-5000.

BOWELS. Careful attention should be given to the bowels, the number and character of the stools should be noted, and a daily movement should be established. Three days before the operation at evening she should take a cathartic, the next day she should take one morning and evening. On the day before the operation and the day of the operation, the cathartic should be discontinued for fear of its acting during the operation, and large enemas should be used. The bowels should be thoroughly cleaned of faeces. Too much stress cannot be laid upon this being done thoroughly. In almost every case a very large faecal accumulation will be found.

DIET. For a week the diet should be very light, and the last three days it should be liquid. On the day of the operation a small cup of beef tea may be given four hours before the operation.

THIRST. The great thirst following operations can be largely overcome by giving the patient large quantities of water to drink. Seventy-two hours before the operation the patient drinks from six to eight large glasses of hot water each twenty-four hours, and an extra pint three hours before the operation. This not only does away with the distressing thirst, but also keeps the tongue moist, increases the volume of the pulse, and increases the amount of the urine passed.

An hour before the operation two ounces of whiskey may be given per rectum, and a half hour before a hypodermic of morphia sulph. $\frac{1}{6}$ grd. and atropine $\frac{1}{100}$. This breaks the shock of the operation, and tides over the pain and nervous condition immediately following the operation.

HOUR OF OPERATION. An early morning hour is preferable, as it not only gives the patient and her friends less time to dread it, but it also gives all day to treat unfavorable symptoms and insures more probability of a night's rest for patient, nurse and physician. Do not allow any friends to see the patient the first day.

CARE OF INSTRUMENTS. The instrument trays should be filled with bichloride 1-500, and allowed to stand for twenty-four hours. Just before the operation they should be rinsed with a sterilized salt solution. After an operation the instruments should be boiled for ten minutes in a solution of soda. Before an operation they should be sterilized for one-half hour with moist heat. Needles and knives should be wrapped in gauze, and boiled for two minutes in a one per cent. soda solution. The instruments should be kept and carried about in a duck case, which can be washed and sterilized frequently. Each instrument should be wiped off with a piece of gauze before being handed to the operator. Only one person aside from the operator should touch the instruments.

PREPARATION OF OPERATOR AND ASSISTANTS. No one should attend the operation who is visiting a patient with an infectious disease. All attending the operation should take a hot plunge bath, change underclothing, and pay particular attention to their hands and nails. Scrub hands thoroughly with sterilized water. Next immerse in a strong solution of permanganate of potash, followed by immersion in oxalic acid. Next pour alcohol over hands. This process may have to be repeated several times during the operation.

SOLUTION. No chemicals should be used about the operation after the incision has been made, except to sponge the edge of the wound with bichloride 1-5000, while it is being closed up. Gauze sponges and strips of gauze should be used instead of vegetable sponges.

DRESSING. First dust wound with iodoform or oristol, next put a small narrow strip of iodoform gauze over stitches to protect

them. Next put on strips of adhesive plaster to protect the parts from strain; next plenty of gauze, followed by a large roll of absorbent cotton and a scultetus bandage.

AFTER TREATMENT. No food should be taken by the mouth for twenty-four hours; if nausea continues, for forty-eight hours, or, if possible, until gas passes the rectum. After the first twelve hours nutritive enemas can be given every twelve hours. For these milk with egg and whiskey may be used, or milk with beef peptonoids. In case of much gas in the intestine, a rectal tube will carry it off, or an enema of a quart of water and a tablespoonful of turpentine. Nausea and vomiting may be overcome by giving the patient a half glass of hot water containing half a teaspoonful of sodium bicarbonate, or a few drops of carbolic acid in a glass of water—a teaspoon every half hour. Sometimes you will have to produce vomiting by giving large quantities of hot water to drink. Thirst may be overcome by a rectal enema. Patient should be kept on her back for the first twenty-four hours. If you move her once you will have to continue to do so. During the second twenty-four hours, a little liquid food may be given. On the fourth day a sandwich of raw scraped beef. By the ninth day, if all goes well, the regular diet may be resumed. On the third day, in the evening, licorice powder may be given, followed by a Siedlitz powder in the morning and an enema.

Do not remove or disturb dressings for seven days unless necessary, then remove the stitches and put on new plasters, cotton and bandage. The bandage may be worn to advantage several months to prevent hernia.

Begin to bathe the patient the third day, bathing a small portion of the body at one time. Very little medicine is needed. Arsenicum, aconite may be indicated.

ARSENICUM. Nausea, vomiting, thirst for small quantities of water, restlessness, aggravations from 12 to 3 P. M.

ACONITE. Fever, rapid pulse, patient tosses about, red eyes, intolerance of light.

APIS. Urine scanty, stringing pains while urinating, constant desire, only few drops passed.

HYPERICUM. Great nervousnesss, intolerable, excruciating pains.

THE ALEXANDER OPERATION.

BY M. H. PARMELEE, M. D., TOLEDO, OHIO.

During the last two years a marked change has taken place in the views of many operators as to the value of this procedure. Five years ago Dr. Howard Kelly's "ventro-fixation" operation was absorbing all gynaecological attention for the cure of retro displacements, but better methods of reducing the size and weight of a displaced uterus have led to a revival of interest in Alexander's operation, which had been all but abandoned in this country. Still many able men declare against its performance on grounds as follows, viz :

- 1st. That the operation is a dangerous one.
- 2nd. That there is too great difficulty in finding the ligaments.
- 3rd. That this operation causes abortions.
- 4th. That hernia and invalidism is likely to follow it.
- 5th. That it is too limited in its application.
- 6th. That there are other and better methods of obtaining like results.

1st. That the operation is dangerous. Such an objection could only come from one who has not learned how to prevent septic danger by proper methods of surgical cleanliness. The Alexander is not more to be feared than any of the cervical operations, with proper attention to maintain an aseptic field.

2nd. That there is too great difficulty in finding the round ligaments, or that they are so small or fragile that they will break when tension is put into them. If there is a uterus and appendages there must be two round ligaments, and with care and a due attention to the anatomical guides, they may be found, certainly in by far the greater proportion of cases attempted. To be sure, they are some times small, and some times soft, from prolonged stretching ; but the fingers that have been educated to handle tissues carefully will rarely rupture them. Dr. Edebohls may have demonstrated four cases where, at the external ring, the ligaments, instead of descending to attach themselves upon the pubic fascia, turned upward and outward to find a landing place ; but the majority follow the definite anatomical arrangement. Suppose that

after an hour's search you "give it up," what then? You have only a minute skin wound to close, and your patient is no worse off than before.

3rd. The Alexander operation causes abortions. And as an additional argument that then the ligaments stretch and the uterus becomes retroposed as before, Dr. Clement Cleveland has investigated this point. He says: "Among my own cases are a number of patients who have gone to full term, and have been examined repeatedly afterwards. In no one instance has the uterus been found out of place."

4th. Hernia and invalidism is likely to follow. In my own series of six cases (too small a number to base any deductions from, however) the reverse has been in each one the rule. Immediate improvement has been most marked. One operation in eighty-seven cases had but two hernias. Those who slit up the inguinal canal in their search for the ligaments (and this modification of the original operation ought, therefore, to be never followed) have a much larger percentage of hernias.

5th. It is too limited in its field of application. This is a valid objection to the extent of the field of the operation, but not to the operation where its indications may be clearly defined.

6th. There are other and better methods of obtaining the same results: By this is meant "ventro-fixation," Wylie's or Palmer Dudley's intraperitoneal shortening of the ligaments, and Mann's operation of sewing to the internal ring. In all of these the abdomen *must* be opened, making them much more dangerous. Therefore, in my judgment, comparisons are all in favor of the Alexander. Vaginal fixations—whether Schücking's, Mackenrodt's or Pratt's—from the enforced flexions which they produce with the increase of symptomatic misery flowing from those flexions, are not to be thought of.

The indications. Alexander's operation may be done in any case of uterine retroposition—with or without ovarian prolapse—where the organs can readily be replaced. Or, if there are adhesions, that can be broken up by posterior vaginal incision, and the fundus liberated.

The operation and its technique. The preparation of the patient should be as carefully done as if a coeliotomy was to be

made. The vagina should also be rendered thoroughly aseptic, for the first step in the operation should always be to *curette* the uterus. Lack of the *curettage* in the past has been the point of departure for some of the failures in this operation. Should there be a cervical laceration, repair it, and then carefully replace, even to anteverting, the uterus, and make the Alexander operation. Carefully locating the pubic spine, make an incision from one to two inches in length, carrying it through the integument and subcutaneous fat straight towards the Ant. Sup. spine of the ilium. This exposes the external ring. By separating the incision with the left thumb and forefinger, and pressing on either side of the ring on the pillars, the intercolumnar membrane generally puckers, and, being cut through, a bunch of fat protrudes. This bunch is the guide. On picking it up the ligament can be drawn upon and isolated from the nerve which runs along it, and can be freed from peritoneum. It should be drawn out about four inches. Two silkworm gut sutures are introduced, including all the tissues, and the ligament and the free and exposed portion of ligament is cut off. The other side is treated in the same manner. The modifications of the original operation are not to be depended upon. Dr. Cleveland's procedure of piercing the fascia and anchoring the end of the ligament under the mons, he admits gives no better results than the simpler procedure. Dr. Franklin Martin's plan of tying the ends of the two ligaments into a reef knot under the skin and suturing, is objectionable, from the fact that it creates and leaves an ugly bunch in a prominent bit of anatomy for women to complain of. A dry boric acid dressing completes the operation.

Now, if there has been a ruptured perinæum, that should, last of all, be attended to. These different operations can be attended to at the one sitting. The after-treatment is conducted on very simple lines. Rest, in any position, should be enforced for at least three weeks, and the silkworm gut sutures should be left in place and undisturbed for at least that period, and longer if possible. If it can be done, allow the patient to urinate naturally from the first. In other words, dispense with the catheter if you can. Silkworm gut, with a through and through stitch, is preferable to any buried suture in these cases, as it allows of a slight drainage, which is of advantage. In retroflexions be sure that the fundus is lifted up and is well forward. Else, when you draw upon the ligaments you may flex it more and more. A pessary is *not* needed after these operations.

**REPORT OF THE BUREAU OF OPHTHALMOLOGY
AND OTOLOGY.**

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HEADACHE AND EYE STRAIN CAUSED BY NASAL DISEASE.

BY THOS. M. STEWART, M. D., CINCINNATI, OHIO.

This subject does not appear to have received its deserved attention. Not that medical literature is deficient in the matter of its record, but rather a deficiency in the apprehension of the importance of the subject exists in the minds of the profession, specialist and general practitioner alike.

This conclusion is warranted by our experience with cases treated during the past year. Cases that had been under treatment for eye and head troubles by other competent physicians. It may be that other sections of the country have better appreciated the subject than has the section in which our work is done.

We do not mean that a large proportion of cases of headache and eye strain always exhibit nasal lesions as a cause of such trouble. We do not mean that the importance of the subject comes from the number of cases, be they great or small in that respect. The importance of the subject is due to the great relief experienced by patients suffering from eye strain and headache that follows the treatment of the nasal cavities, when these latter present pathological changes which are at times exciting causes of the troubles in question.

The question at once arises, how differentiate between troubles in the nose, which do reflect themselves upon the eyes and head, from those which do not act in any reflex manner?

In the first place, the examination of the eyes should *include* an examination of the nasal cavities. If, after suspension of the accommodation, thus putting the eye at rest, the headache still continues, then treatment of existing nasal lesions is indicated. Should headache and pain in and about the eyes continue after putting the eyes at rest, and no nasal lesion be discovered, the cause must be looked for elsewhere.

The general symptoms of the patient, the things which bring on an attack of headache and make it worse or better, are useful guides in determining what line of examination to take. Persistent

pain in the head should always lead us to examine with the ophthalmoscope, and to make an accurate and complete examination of the urine.

Inasmuch as we have purposely limited the range of our remarks to the eyes and nose, we shall thus proceed. Given then a case in which suspension of the accommodation but partly relieves the headache, and given within the nose a hypertrophic rhinitis, spurs on the septum, polypoid growth, or other nasal lesion, how shall we determine the influence of such lesions upon the pains in the head or eyes, or both.

We may say here that in our experience we have not met with a large variety of nasal lesions that have proven to be causes of eye strain and headache. The lesions have been spurs on the septum sufficiently large to obstruct respiration and to press upon the opposite turbinated body, and enlarged turbinates pressing upon the septum, these latter occurring mostly in the middle turbinated body. There also have been a few cases of headache with eye symptoms, due to abnormal growth, and disease in the accessory cavities.

Our method has been to anæsthetize the nasal region, using plugs of cotton moistened with cocaine, one per cent. solution, placing these in the nasal cavities so as to contract the lower and then the middle turbinated bodies. If spurs on the septum are then disclosed they are also anæsthetized.

In our experience relief from the dull, heavy headache, the confusion in the head, or the head pains, have followed upon this anæsthesia, if the parts were really the cause of the trouble. Further proof of this fact has come from treatment of the lesions, thus removing the cause of the trouble, with recovery of the use of the eyes and freedom from headache and eye pains.

In conclusion, we have preferred to remove septal spurs, where they existed as irritating the opposite part, rather than to interfere with the turbinates. We have also preferred to treat the middle turbinates first, rather than to treat the lower one, because middle turbinates disease is more productive of reflex head symptoms than the lower turbinates.

As to methods of treatment, the standard text-books give full information. Briefly the nasal saw for septal work, and the galvano-cautery and chemical caustics for turbinated work, and the cold wire snare for abnormal growths have been the means relied upon.

EFFECT OF CYCLING ON THE EYES.

BY EMMA BOICE-HAYS, M. D., TOLEDO, OHIO.

In 1819 the first velocipede appeared in America. This machine had no pedals, but was propelled by the foot of the rider hitting the ground in a running manner, the speed averaging eight miles per hour. The wheel did not take in this country, and the next we hear is in the '60's, when the old fashioned velocipede reappeared on the scene, with pedals for propelling.

In 1876 the bicycle proper was shown. The force in propelling a velocipede was applied in an entirely different direction from that with the bicycle. In the former there was more of the pushing motion, and it undoubtedly was work to propel one of these machines. The lowest time record is one mile in one minute and thirty-five seconds. This, as against eight miles an hour, shows the advance in mechanism as well as skill in riding.

The "craze" seemed to strike this country about 1890, and has assumed its present mammoth proportions, creating almost a revolution in the manner of locomotion. I saw an estimate of the number of wheels made in America last year ; it was 400,000. This will be exceeded this year.

The dealers in wheels pronounce them good for all complaints, which, no doubt, they are. But in some cases it would be like the calico that "washed like a book." It certainly did wash like a book, for who ever saw a book good for much after it had been washed. So the wheel is good for the disease. In other words, "the operation is a perfect success," but the patient died.

There is no doubt but that the wheel is doing a wonderful amount of good for the health of the people in sending them out of doors, and giving them a chance to get an abundance of fresh air ; also to become acquainted with the beauties of nature.

We were rapidly becoming a race of book worms. Our eyes were suffering from it, the eyes of our children, and consequently of our children's children. That the eye was originally intended for distant vision is shown by the fact that the eyes of the infant are hypermetropic, or adapted to parallel rays of light. At the present time the eyes are used almost entirely for diverging rays of light, and scarcely at all for parallel rays, thus necessitating a constant contraction of the ciliary and internal rectus muscles. The nervous system is not capable of enduring this strain, and collapses. We have a variety of symptoms as the result; headache, vertigo; in fact, they are so familiar that it is unnecessary to enumerate them. The bicycle keeps the rider out of doors, away from books, and allows the eyes to do as their maker originally intended them—focus parallel rays of light on the retina with an occasional use of them for near vision.

The exercise in the open air stimulates every organ and tissue in the body, revives the played out nerves, and the eye muscles are benefitted accordingly. As diseases of this kind are so often the result of reflex irritation, the benefit from that origin can readily be seen. Torpidity of liver, with associated constipation and rectal disease, are most rapidly cured by bicycle riding, and in consequence casthenia is removed. I had one patient with exophoria, who was in such an exaggerated nervous state that he could scarcely sit on his chair. He was emaciated, and a victim of chronic constipation. He was a book worm of the highest degree. After studying his symptoms, I took a blank and wrote, "A bicycle, used with judgment." He said it was the largest Homeopathic dose he had ever taken. Inside of six months his exophoria and constipation were gone, and he had gained twenty-five pounds.

I do not claim that bicycle riding is any more beneficial than the same amount of physical exercise in any other form. But people are riding wheels, and will continue to do so. Therefore we must consider the benefits to be derived, as well as the damage to be done.

There is a form of conjunctivitis which is common to cyclers who have taken long runs, or who have been riding against a strong wind. It is more marked where the conjunction is exposed between

the lids. It is of the dry form, and readily yields to the appropriate remedies. In a number of cases there is a marked anæsthesia of the cornea, with a slight diminution of the vision. This is caused by the force of the air coming in contact with the exposed parts of the eye.

Nine out of ten cyclers ride with the mouth open. This, with the up-tilting of the head, which is necessitated by the faulty position of the body, gives the idiotic stare so much to be regretted.

Some physicians have noticed hemorrhages in the retina after long runs. In every case where there is a tendency to this disease riding should be prohibited. In fact, the bicycle should not be used, except when the heart and arterial system are in good condition. The exercise is so very exhilarating that it is carried to excess before the rider is conscious of it.

To sum it all up, the bicycle does no more good and no more harm than the same amount of exercise taken in some other manner. But in almost any other way, there is not the liability to excess, for there is not the same exhilaration. The increased muscular action causes quick breathing. This cannot always be carried on through the nose, so the mouth is used.

Cycling may solve the problem of so many spectacles for children, for it certainly has proven the indicated remedy in many cases of heterophoria. I think that many women will be kept out of the hands of the gynecological surgeon, just as so many men, women and children will be saved from the oculist by means of cycling. So while not a benefit to us (as physicians) financially, it certainly is physically.

ACCOMMODATION AND CONVERGENCE.

BY H. G. REED, M. D., BELLEFONTAINE, OHIO.

In the following consideration of accommodation and convergence, organic changes of a pathological nature will be excluded, as will also that great anomaly of refraction—astigmatism.

Perfect binocular vision depends upon the coincidence of two points, viz : The point of accommodation, and the point of convergence. On the ease with which this coincidence is maintained

depends the comfort of a given subject. The location of the point of accommodation is governed by the elasticity of the crystalline lens, and the amount of muscular energy manifested by the ciliary muscle. The location of the point of convergence is decided by the power the extrinsic muscles of each eye have of rotating the eyes towards a median line.

In emmetropia, with perfect enervation of the muscles, extrinsic and intrinsic, these points always coincide. That is to say, if the eyes accommodate for a given point they will also converge sufficiently to bring the visual lines to a junction at the same point. Considered simply as an optical instrument, the eye is not geometrically perfect. If the eyes of a given subject were geometrically perfect in form, and the development, attachments and enervation of all the muscles perfect, then for every degree of accommodation there would be a corresponding convergence.

Deviations, such as hyperopia and myopia, lead to an inquiry into the mechanism by which the coincidence of these points is maintained in ametropia. This inquiry will necessitate a study of the arrangement and offices of the nerve centres controlling the mobility of the ocular apparatus. These centres are divided, according to their several offices, into three groups, or ranks, viz: First, those of motion. Second, those of association. Third, those of volition. Those of the first group are situated in the floor of the fourth ventricle. From the centres of these arise the trunks of the oculo-motor (third), trochlear (fourth), and abducens (sixth) nerves, and to them is referred the power of directing the ocular apparatus towards external objects.

The most anterior centre of this group is the nucleus of the oculo-motor nerve. This nucleus is made up of separate segments, each having control of one of the muscles supplied by the oculo-motor nerve. The anterior segments of this nucleus are supposed to control the ciliary muscle and sphincter pupillæ; and next to them is the one for the control of the internal rectus, while still farther back lie the segments in control of the rest of the muscles supplied by this nerve. Almost directly back of this great nucleus lies the centre of control of the trochlear nerve, which supplies the

superior oblique muscle. Still farther back, and somewhat separated from these two centres, lies the centre in control of the abducens nerve, which supplies the external rectus.

Each nucleus of the above is not only connected with its fellow of the opposite side, but also with other nuclei, as is shown by the connection existing between the abducens and oculo-motor centres. Presiding over these centres is the second group, or association centres. These have a two-fold function, viz : Excitation and inhibition. It is the members of this group which control the amount of energy manifested by the nuclei of the motor group. In other words, they act as the governor of the oculo-motor apparatus in the co-ordination and association of the ocular muscles. These association centres, along with the first group, are presided over by the third class, or centres of volition, located in the cortex of the brain. An appreciation of the function of this apparatus is very important, and gives the key to many functional disorders of the ocular muscles. For instance, an image is thrown upon the periphery of the field, and the impression is transmitted to the brain. In order to secure a more perfect impression, it is necessary for the eyes to move to such a position as would bring the image upon the macula of each eye. This is done by the command of the centres of volition issued to the centres of motion and association, the result of which is rotation, accommodation and convergence of the eyes. In ametropia or anisometropia, the process of bringing these points to a coincidence is much more complex than in emmetropia. In emmetropia, the impulse would be proportionate, *i. e.*, a relative amount of accommodation and convergence. But should the eyes be hyperopic, and the impulse continue in this proportion, the point of convergence would be brought nearer the eye than the point of accommodation, and the image would be indistinct. This result is avoided by the inhibitory function of the second order of centres exerted on those segments of the oculo-motor nucleus (the posterior), in control of the extrinsic muscles supplied by that nerve. That is to say, that while the muscles of accommodation are supplied with nerve force sufficient to focus the image on the maculæ, the nerve force to the converging muscles is held in abeyance to such an extent that the points

coincide. Hence it is said to be a *tendency* to over-convergence. In myopia, the nerve supply is reversed; the inhibitory function is exerted over the *anterior* segments of the oculo-motor nucleus, which control the muscles of the accommodation, while the muscles of convergence are exerted sufficiently to cause the points to coincide. In anisometropia the nerve impulse to each eye may differ in degree, or be reversed, as the case may be (anisometropia being included in anisometropia).

A careful study along the above lines gives much assistance in distinguishing functional from inherent heterophoria; and also cases that will be relieved by the collection of the refractive errors alone from those that will require operative or other treatment.

By functional heterophoria is meant a heterophoria due either to weakness or spasm of a set of muscles, and weakness *and* spasm may exist in the same set of muscles at the same time. For instance, weak interni are supposed to cause exophoria, and such is the case in myopia, and in low degrees of hyperopia; but a high degree of hyperopia may call forth nerve energy to the converging muscles beyond the power of the inhibitory function to control, and spasm is produced. In the latter case the Maddox rod will show an esophoria, while the power of the interni may be proven to be far below par, by the strength of prism, *base out*, they are able to overcome; some not being able to overcome; some not being able to overcome more than two or three degrees more, with base out than the externi of the same eyes will overcome with *base in*. Hence the necessity of determining the nature of the heterophoria in every case, which can only be done by a careful measurement and record of the heterophoria, and also of the strength of each muscle, measured by prisms. A thorough mydriasis should then be produced, and the static refraction of the eyes determined, and the proper refractive correction given. After this correction has been worn long enough for the nerve supply to adjust itself to the new order of things, another test for heterophoria and measurement of the strength of the muscles should be made and compared with the first record. This comparison should be carefully made before resorting to operative measures.

OPHTHALMOLOGICAL DON'TS.

BY W. A. PHILLIPS, M. D., CLEVELAND, OHIO.

Don't mistake every case of redness of the eye for conjunctivitis. Don't forget that, if the case be catarrhal conjunctivitis, a mucous, or mucus-purulent, discharge will occur in from two to four days. Don't forget that, if a distinct redness continues for more than four days without any discharge, except lachrymation, some other structure than the conjunctiva is the cause of the redness. Don't fail, in such cases, to search for phlyctenulæ, or for actual ulceration of the cornea; for follicular deposits in the conjunctiva of the upper lid; for iritis; for diffuse keratitis; and, if none of these are present, don't omit to have the case examined for errors of refraction, especially if the trouble is in a patient below 20 years of age. If in middle or advanced age, and the pupil is dilated, look out for glaucoma. If there are crusts along the edges of the lids that are not easily removed, and particularly if this condition has existed for several weeks, or months, don't fail to think blepharitis marginalis. Don't call every case of blepharitis marginalis, mild or severe, granulated lids. This is a common error.

Don't prescribe local treatment in any case, unless you are sure of a correct diagnosis. Don't forget that all discharges from the conjunctiva are extremely liable to be contagious.

Don't forget that a solution of nitrate of silver, in from two to five grains to the ounce of water, is a capital preventive of ophthalmia in the new born, and should invariably be put freely into the eyes in all cases where there have been any suspicious vaginal discharges. Don't allow very bright light to fall onto the eyes of infants, asleep or awake, indoors or out.

Don't fail to recognize the fact that if an infant—or anyone else, for that matter—has greatly swollen lids, and a thin, yellowish discharge from them, sometimes streaked with blood, that there is imminent danger of impairment or loss of sight, for these signs point to purulent ophthalmia.

Don't fail to realize that the headaches of school children are nearly always due to errors of refraction. Don't fail to recollect

that sending children to school before ten years of age, together with hereditary influences, are the main causes of the demand for wearing glasses.

Don't forget that many cases of strabismus in patients below ten years of age can be cured by suitable lenses.

OTOLOGICAL DON'TS.

Don't put laudanum and sweet oil into the ear. Use liquid vaseline or alboline, medicated with ten drops of the tincture of aconite, or five drops of carbolic acid, to the ounce. Don't put cold preparations into the ear. Don't attempt to remove hardened wax from the ear with a curette or forceps—syringe with warm water. Don't forget that hardened wax is only a sign of chronic aural catarrh. Don't poultice the ear, except in mastoid disease, and then the application should never be placed over the auricle. Don't syringe the ear in cases of suppurative discharges. Clean the ear with bits of absorbent cotton on a probe or wooden toothpick. Don't forget to examine the throat and nasal passages in all cases of chronic ear trouble. And lastly, don't forget anything.

A CASE IN PRACTICE.

BY HOWARD B. HILLS, M. D., YOUNGSTOWN, OHIO.

In my association with doctors I find nothing more refreshing than to meet one who has the candor to admit that he doesn't know all there is in medicine and surgery. Admits this, I mean, to his patients, as well as to his brother practitioners. Of course, he doesn't proclaim from the housetops that he does not know anything at all, but has simply the courage to confess that, while in certain lines of practice he is thoroughly "up to date," yet in other lines he falls short, and knowing this he invariably asks assistance in such cases. Does anyone doubt that such a man inspires confidence and respect? I think not. There is not, in this room, a physician following a special line of practice but who has, more than once, failed to cure his patient, only because the family doctor,

fearful of losing his prestige, waited till the eleventh hour before asking for aid. The following case points, in a way, to both sides of this proposition, in so far as it relates to the family doctor :

By the advice of Dr. B., Mrs. J. R. consulted me June 21, 1895. She stated she had been to many doctors, but none had given her the desired relief, though all had held on to her as long as possible. My note-book gives the following entry of the case :

Age, 28 years ; no children or miscarriages, medium height, weight, 105 pounds ; light complexion, animate, exceedingly nervous, no organic heart disease, so far as can be discovered, though the heart's action is weak ; has had epileptic attacks of a mild form several times a week for the last four years ; bowels always constipated, menses irregular, severe headache, polypi and hypertrophied turbinates in both nasal passages. Vis. OD. $\frac{2}{3}$. OS. $\frac{2}{3}$. right hyperphoria 1° esophoria 2° color sense about normal, and field of vision good.

I prescribed the following glasses; OD. $\frac{3}{4}^{\circ}$ prism base up. OD. +.50 DS. to be worn constantly. A few days after, with the assistance of Dr. Charles Slossen, I removed five polypi, and cauterized both inferior turbinates. After the nose healed there was complete cessation of all her former troubles. She gained thirty pounds in weight, and is now doing her own house work.

A CASE OF BILATERAL CONICAL CORNEA— TREATMENT AND RESULTS.

BY J. E. WILDER, M. D., SANDUSKY, OHIO.

The case I wish to present to you seems worthy of presentation, because of its chronicity, because of the rather unusual structural changes, and because of the long period of blindness preceding recovery.

The case is that of a girl, now twenty years old, born in New York of obscure parentage, and left to the mercy of charity in six months. She was an inmate of a fondling's home for four years, and was then sent west, with many like unfortunates, and adopted in Sandusky. General health and vision good while in the home,

and continued so for two years after leaving New York. At this age, six, the vision began gradually to fail. She became somewhat myopic; acute conjunctivitis unchecked soon brought on the characteristic symptoms.

Two years later, unable to go about without a companion, she for the first time consulted medical aid. She was referred to an eminent oculist in Cleveland, under whose direction she was treated for six months with flattering results, when she was stricken with erysipelas, and on recovery vision equaled only a partial perception of light. During the following four years she was treated by every one whom her means would permit. In '89 (seven years ago), having given up the idea of ever regaining her eyesight, she was admitted into the Ohio Institute for the Education of the Blind. It was four years ago, in '93, when my attention was first called to the case. Such, in brief, is the history.

The eyes presented the following condition: Each cornea was conical to such a degree that when the swollen, infiltrated lids were closed, even forcibly, the tip of the cone was still discernible. The entire structure was hazy, and more or less opaque. However, the one unusual condition present was the formation of several small lymph follicles in the extreme anterior portion of the cone. Extending to these follicles were innumerable minute blood vessels lying very superficially, only covered by the conjunctiva. These follicles were raised somewhat from the surface, and when punctured would exude a thin alkaline solution and seemingly disappear, only to be followed in twenty-four hours by a reappearance larger than the original.

In connection with this condition of the cornea there was present the very worst variety of trachoma, heavy infiltrated lids, throwing off a thick, tenacious secretion typical of such a neglected condition. The iris could not be moved, a 4-gr. solution of atropia producing no effect, whatever. Her attendant remarked at time of examination: "The eyes were in much the same condition they had been for years."

Treatment was instituted more with the idea of making the appearance of the eye less repulsive than with the hope of giving her vision. For several days the eyes were irrigated hourly with a

saturated solution of boracic acid. Then one of the largest blood vessels leading to the follicles was picked up and severed just posteriorly to the sclero-corneal margin. This procedure was continued, severing one or two vessels each week. The incision would heal very slowly, and the snipping set up more inflammation than one would be led to anticipate. In connection with this procedure, various applications were applied to the lids daily. The drug which seemed to produce the best results was alumonal, a five-grain solution. After three months' treatment the cornea began to clear up, the follicles, one after the other, to disappear, and six months later the girl was able to walk about in places familiar to her.

This clipping of the superficial blood vessels lying on the cornea was continued as long as any were present. During the entire course of treatment an antiseptic solution of some kind was used in each eye, at least twice daily, and, when occasion demanded, much oftener. The result eventually attained is far superior to anything anticipated. The cornea, while somewhat conical, has lost the greater part of its apex, and is nearly as transparent as the normal. The discharge has been entirely done away with for a year past, the lids reduced to much nearer their normal proportion, and the entire eye has a healthy appearance.

To recapitulate: Here was a girl unable to care for herself, an expense to the state, and a burden to everyone with whom she came in contact, unable even to see the sunlight, and this condition particularly sad because of her poverty. During the summer months of last year she was employed as a nurse girl, and assisted in the support of her aged foster mother. She can read ordinary print quite easily, but, of course, must hold it very close to the eyes. There is no question as to vision improving from month to month. A myopic lens will not improve.

It is quite true the treatment has covered a long period, but does not the result warrant the expenditure of time?

You may notice no mention has been made of Homeopathic treatment. I do not wish to convey the impression that in ignoring it its value was underestimated. Had the case been put on remedies, doubtless it would have hastened the process, but the question assuredly would have arisen as to what produced the cure. This question is now eliminated.

**REPORT OF THE BUREAU OF ANATOMY, PHYSIOLOGY
AND PATHOLOGY.**

S. J. D. MEADE, M. D., *Chairman*, Cincinnati, Ohio
"The Valley of Dry Bones."

A. C. ROLL, M. D., Toledo, Ohio
"Rhythm."

LINCOLN PHILLIPS, M. D., Hartwell, Ohio
"A Plea for Better Work in Physiology."

THE VALLEY OF DRY BONES.

BY S. J. D. MEADE., M. D., CINCINNATI, OHIO.

The title of my paper is one which, in all probability, has kept you guessing as to whether it is to be a sermon, the text of which is taken from the book of Ezekiel, 37th Chapter, 1-13 verses, or an advertisement for some patent nostrum. While listening to a sermon, a few years ago, on the resurrection of the bones, I decided that if the teachers of anatomy handle their subjects as the minister did his text, it is not to be wondered at that medical students consider this chair the bugbear of all their college work, and that this subject is a dry one in every sense of that word. When I was a medical student I spent as much time studying anatomy as on all the other branches laid down in the curriculum. I could not possibly become interested in the subject, nor did I get a good grade on final examination. It was not the fault of my teacher. It was simply that I did not know how to take hold of the work.

The four-year course has been established in our medical schools, and thereby our college standard has been raised to where it is not excelled by any other similar educational institution in the world. Men and women, who contemplate entering the field of medicine, are now thoroughly impressed with the fact that they must first show evidence of having possessed themselves of a classical education, or pass a rigid preliminary examination, before entering college. This high standard which we demand is a just one, but if I were a medical student again, and it were in my power, wouldn't I have a rule established which would compel the teachers in medical colleges to be on the alert and keep their part of this good cause of advance standing well up to the front?

The student shall not enter college until he has studied botany, chemistry, physics, biology and Latin. At the same time we know that a great many of the teachers in medical colleges have only a smattering knowledge of these subjects. I know quite a number of lecturers and professors in medical colleges who could not possibly pass muster on the chair being taught by them with a grade of ninety per cent., unless they were allowed to select the questions and grade their own manuscripts.

If it be true that heretofore much unsuccessful acquirement of anatomical knowledge was due to the student not being far enough advanced for the work, it is also a fact that, in many instances, the teacher is at fault, as well as his student, on account of his inferior mental qualifications and unscientific methods of teaching. And this is, to a certain extent, the result of a custom which permits a professor once appointed to hold his position, without forcible criticism, until he, of his own free will and for the good of the anatomy class, either dies or resigns, thereby preventing the faculty, as a body, influencing or regulating his manner or method of instructions. The occupant of a professional chair is practically an autocrat by courtesy, a thing which should not be.

Some men of great learning cannot teach. The faculty of imparting knowledge is entirely distinct from the faculty of acquiring it. To teach is not simply to tell, but to make the fact stated so clear and so interesting that it assumes a living importance, and is eagerly grasped and intelligently retained by the student as a part of himself. A teacher must draw clear, bold outlines, repeating the essentials, laying but little stress upon details, till his students have a mental framework upon which they themselves may erect more elaborate structures at some future time. He who has not the power to select the essentials and lead his students on to reason and observe, is destitute of the teaching instinct. Then his lectures become mere recitations, as wearisome to himself as to his involuntary hearers. The true teacher furnishes his students with compass and chart, no more. The latter must select his route and reach his harbor by the exercise of the intellectual faculties with which nature has endowed him.

There are very few teachers of to-day who dare read their lectures in anatomy, but in many cases the lecture is as dull as if read from manuscript or text book. Didactic teaching must not be altogether relinquished in medical colleges, yet it has little place in anatomy. It is said that the most appropriate place for flowers is on graves; so must these dry bones be decorated in some substantial way, that we may awaken an interest in the student who looks up to us for assistance in mastering this subject. Demonstrations by specimen, dissected cadaver diagrams and living models must

be the chief reliance of the professor of anatomy, who desires to hold the attention of his class and make this chair what it should be—one of the most interesting studies laid down in our college curriculum. To group in one lecture several nude models representing the effects of disease on anatomical landmarks is most valuable and essential in teaching and sustaining interest in clinical anatomy. Clinical conferences, in which the senior student points out and demonstrates to his teacher and fellow-students anatomical relations upon the living subjects, develop a habit of thorough investigation of both medical and surgical cases. Its subsequent value in diagnosis can easily be seen. This form of anatomical teaching is manifestly impossible to an instructor who has not a good practical knowledge of diseased conditions. Therefore, the teacher of anatomy must be an all-round medical scholar, as well as possessing a good classical education. He should not be handicapped by a feeling that he must not talk anything but anatomy to his class. On the contrary, he should have full sway of the whole medical curriculum, as well as all general subjects. I open my quiz almost invariably by asking half a dozen questions on some subject not pertaining to anatomy; as political economy, geography, Latin, or where is the longest street car line in the world, and what is its length; anything that will scatter the cloud which naturally hangs over the proverbial anatomical quiz. It is then easy to bring their attention down to the subject for the day, and the hour does not drag, but is gone too soon.

The course in anatomy should begin with a lecture giving a synopsis of the entire work of the session. In most colleges it is now divided into several parts. The lecturer has the Freshman class who study osteology, myology and syndesmology. The professor teaching the advanced class takes up the nervous system, the vascular system, and the thoracic and abdominal viscera. The anatomy of the eye, ear, nose, throat, genito-urinary and pelvic organs are given by the professors of each particular chair under which they come.

The subject to be lectured on should be announced previously and students should be familiar with it before coming to the lecture room. The method of teaching should be a skillfully conducted

system of quizzing, by which the student is not only trained in memorizing and thoroughly mastering the subject, but also in the expressions of his knowledge. There is much history, philosophy, science and art connected with the study of anatomy; in it the student's taste for thorough and exhaustive investigation and accuracy in memory is trained to the utmost degree. All embarrassment on the part of the most modest students soon vanishes under this method of quizzing. When through with the quiz, I take up my subject—for instance, the brain, giving the arrangement of its circulation, membranous processes for its support and protection; its important convolutions are named, located and described, and faculties given as far as I know them, explaining how paralysis, epilepsy and kindred diseases are relieved and cured by trephining. The cranial nerves are traced with great accuracy, giving their deep and superficial origin, foramen of exit from the base of skull, principal points of distribution, their function and chief peculiarities. For example, where one branch of a nerve supplies a joint, another branch of the same nerve is distributed to the muscles that move that joint, and a third branch to the skin covering the surface of the muscles and joint in question. The basal ganglia and their relations to the ventricular cavity are carefully studied, calling attention to the clinical fact that in cerebral apoplexy the effusion is found in the corpus striatum and optic thalamus more often than at any other point.

The dullest student easily learns where the spinal cord begins, but the brightest one many times becomes confused, when on review he is asked at what point it terminates, giving it anywhere between the eighth dorsal vertebra and the coccyx; but when told that it terminates at the lower border of the first lumbar vertebra, and special attention called to the fact that at this point is found also the hilum of the kidney, the superior mesenteric artery and the pancreas, by this association he will remember it and will have the location of these other structures fixed in his memory, too. If a student from the farm be told that the spinal cord is as many inches in length as a tall horse is hands high he will never forget it. In the study of the arterial system the fact is noted that most all the larger vessels are divided into three parts for convenience of descrip-

tion, and that each of these parts is about the same length, in the neighborhood of an inch; that of all the vessels the aorto, and more especially its arch, is most frequently the seat of disease. I then consider some of the consequences that may ensue from aneurism of this part, and of other important vessels, too. The anatomy of a lymphatic gland is very similar to that of the kidney.

I never lecture on a viscus without the organ or a model of it in my hand. In teaching surface anatomy, if I haven't the cadaver before me, I ask a student to come down and serve me as a model. Before the thorax of the cadaver is opened the actual situation of the viscera should be outlined with pins or chalk, the walls of the chest are described, the interior wall then removed, and everything studied *in situ* before any of the organs are removed. The abdominal viscera are studied in the same way, the nine regions mapped out on the cadaver, the cavity is then entered, the various organs searched for and examined in their places before entering upon the detailed study of each. One by one they are taken from their resting place and studied in all their essential details. The odor of the cadaver is, in a measure, overcome by the effects of the embalming fluid—and this will be improved upon, especially as far as fine dissecting is concerned, when cold storage is adopted as a preservative, instead of the embalming fluid—and the vivid description of the organs, whose action is essential to our very existence, throws an intense interest upon the mortal remains used for illustration.

But the lecture room is not the best place to master the study of anatomy. This can best be done in the dissecting room, where the actual examination of every tissue and organ may be made by each student, and here is where the anatomist will soon be able to point out the student who has had no preliminary training in the use of his hands and his eyes. We see a student holding his forceps as if he were handling a pair of fire tongs; another is making a fruitless attempt to sharpen his scalpel on the edge of a marble dissecting table, or possibly on his shoe. Very few Freshmen can describe what they see, and a less number can make the crudest diagrams of their findings. In scientifically conducted anatomical laboratories students should be required to describe orally, or in

writing, what they uncover, and make drawings of the most important features. This is undoubtedly the true method of educating the mind, which is not merely a receptacle to be filled with statements thrown into it from the teacher's lips. That which enters the ear may lead to culture, but the eyes and the fingers—the bare fingers—are the two principal inlets to sound, practical knowledge. On account of the defects just mentioned, the students should not be allowed to dissect the first year of college work. It would be much better to let these ill-trained hands learn the difference between muscles and fascia nerve and vessel—which is about all such bungling teaches them—upon the dead bodies of the lower animals. And I would urge every physician who acts in the capacity of preceptor to a student to insist upon his beginning his anatomical studies on the body of one of the lower animals. He will learn much that will enable him to prosecute investigations in human anatomy with the ease of one to whom its fundamental principles are already known. Ebers has told in fiction of the Egyptian physician who ran the risk of condemnation by his heathen gods in order to obtain a human heart for dissection. And he was very much disappointed at finding his dearly bought prize so like that of the brutes he had often slaughtered in quest of anatomical knowledge. In my opinion, anatomy and physiology should both be made senior chairs, for these subjects are the foundation upon which the whole structure of medical science is built, and should be studied with exhaustive thoroughness and made the intellectual property of the medical student.

The medical student stands in righteous awe of his examination in anatomy. If this does not come till his senior year his equilibrium will be, in a measure, restored, and he will be in better condition to pass. One really absurd characteristic of the student is his morbid dread of examinations. Those who have never before been in a large institution, where the work of a whole session depends almost wholly upon a week of examinations at the end of a term, may possibly be forgiven for being afraid they will not pass. But I have seen the very best students in the class almost nervously prostrated just before examination. As a prophylaxis against these cases of examinophobia, I hold mock examinations

during the term. Every week I take to my lecture room three lists containing five questions, pass them up to three students, telling them to seat themselves in different parts of the amphitheatre, and write the answers to these questions. At my next lecture I read off their grades. They hold themselves in readiness for these trial examinations—which take away, in a measure, the dread of the final—knowing that the result will be considered by me in making their grade at end of term. I count the daily quiz the mock and the final examination.

But the true solution of the educational problem in medicine is a combination with universities. Then medical teachers would not be separated from the wholesome educational atmosphere which surrounds institutions devoted to learning in its broadest sense. The organization and perpetration of isolated medical schools have been the cause of manifold defects in medical teaching, and have ended in making medical pedagogues and undeveloped science. The educational and educative friendships—yes, even the hostilities engendered by a combination of medical and academical schools—would bring about better preliminary qualifications in medical students, and more advanced methods of teachings in the professors. It is the school and the man in the corner who never comes in contact with his superiors that fail to improve their methods of work. The valuable courses preparatory to medicine now found in some of our colleges and universities would then be still more increased, and more young men and women looking forward to the study of medicine would begin their studies in such courses if the university and medical college were everywhere combined. Thus the study of medicine would be a gradual development of the mind, and not a mere attempt to crowd technical facts into the memory, a process which is in direct violation of the first principles of education, and one which makes many medical journeymen, yet few medical masters.

RHYTHM.

BY A. C. ROLL, M. D., TOLEDO, OHIO.

'Tis rhythm which gives us all that is good and beautiful in life.
Rhythm between internal changes and external changes of an organism is life itself.

When the organic cell first begins to evolve a rhythm is established which continues till the organism is dissolved.

The foetal heart-beat in its rhythm affects every part and tissue and reaches out in its spread with the growth of the enlarging child, and is not limited even there, but affects everything with which it comes in contact.

When the new-born babe gasps and begins to breathe the rhythm becomes more complicated, but is not changed in its general aspect.

When the rhythm of one organized being is in harmony with the rhythm of surrounding nature, that being is in health; but when the rhythm is too rapid or too slow, or out of harmony with its environments, it is diseased and needs something to restore its equilibrium. Force is persistent, matter is indestructible; these are the basic principles of philosophy.

Force acting on matter sets up a rhythmic motion which is present throughout the universe. Rhythm is manifested to us through the waves of light, through the waves of sound; and when we look at the more perceptible matter we see the waves of the ocean, which are rhythmic in every detail. Time does not permit, but we could trace throughout all inorganic matter this same rhythm.

We are more interested, however, in organic matter, and here we find rhythm universally manifested, and the more highly organized and differentiated the being, the more perfectly will rhythm be manifested.

Among the lower animals we see rhythm manifested in all the functions of life.

When we reach the higher orders we not only see rhythm in those functions which preserve life, but it plays a most important part in all the higher accomplishments which make it possible for man to carry on the social functions with his fellow man.

'Tis rhythm which gives us music.

'Tis rhythm which gives us poetry and poetic prose.

'Tis rhythm which makes it possible for us to unite in societies, in churches, in political parties, and in government.

When we study the rhythm of the solar system, as well as of our earth, and trace it along the lines of evolution, and see that as organism becomes more evolved rhythm becomes ever more complicated and at the same time more perfect, we can begin to see that man who has reached the highest state of evolution must when in health be possessed of the most perfect rhythm between internal and external changes of his organism; or, in other words, man is more nearly in perfect harmony with nature than any other at present existing organism. You may say, What has all this to do with physiology and pathology?

Well, let us see.

It is a rhythmic motion which makes it possible for us to obtain our food.

It is a rhythmic motion which masticates and deglutates.

It is a rhythmic motion which carries the bolus of food through the oesophagus to the stomach.

It is a rhythmic motion of the stomach and intestines which makes it possible for digestion to be completed and the food prepared for assimilation.

It is a rhythmic motion of the heart and blood vessels which keeps up the circulation of the blood and carries nutrition to the tissues and brings away the waste materials.

We also see the significance of rhythm in respiration as well as in every function of life.

Now, when the physician learns the normal rhythm which is present during physiological processes it is not hard then to distinguish abnormal rhythm, which is present during pathological processes. Man can well be compared to a harp with a thousand strings, and when in health the vital force playing on the strings gives forth a rhythmic, harmonious song of life; but when diseased the physician, who can be compared to the skilled musician, loosens this string and tightens that one, and endeavors to restore the vital harp to its normal equilibrium.

A PLEA FOR BETTER WORK IN PHYSIOLOGY.

BY LINCOLN PHILLIPS, M. D., HARTWELL, OHIO.

Mr. President, Fellow Physicians:

Anticipating the showering of honors upon me in the shape of last summer's hen fruit or detachable pieces of furniture, I will state in the beginning that I know my subject is a chestnut and not at all practical. Every one of us has a hobby, and, as physiology is in my line of work, I suppose physiology is my hobby and that I attach too much importance to it. If so, I ask you to pardon an enthusiast.

Physiology is to the medical man what the telescope is to the astronomer or the compass to the explorer. It is his guide and his staff in his medical research. It tells him what *normal* actions are, and that is the keystone in the foundation of all medical knowledge. Upon that, and that alone, can he determine pathological processes. All pathology is but altered or exaggerated physiology. Upon that must he base all knowledge of therapeutics and therapeutical application.

A more thorough knowledge of physiology will help to clear up many subjects that are now obscure and misty. It is the beacon light that is to lead us out of the wilderness of darkness and medical superstition. You can gauge the medical advance of any generation by the advances it makes in physiology. In the days when but little was known about the actions of living organisms old women were supposed to ride through the air astride of a broomstick, children had their spinal columns almost dislocated in a frantic effort to jerk their livers loose, and had a bunch of hair twisted out by the roots from the tops of their heads in an effort to raise a "fallen palate." Stockmen bored holes in their cattle's horns to cure "holler horn." To cure "wolf in the tail" they cut the poor cow's tail open, filled it with salt, wrapped it up, and allowed it to rot off. Ignorance of normal actions in the healthy organism led to gross superstition and bungling, unscientific treatment. The great lesson we have to learn about these bodies of ours is, that not an action, normal or otherwise, occurs which cannot be explained upon a rational basis if we only know enough

physiology. It must have a definite, tangible basis. Every symptom has its cause. There are no airy, will-o'-the-wisp symptoms. We have looked with too much or else too little awe upon the workings of our organisms. If we would only more closely scrutinize the actions of living tissues we could the better understand many things. We take food into the stomach, and do not stop for a second to think of the wonderful work that goes on inside to build up the wasted tissues. The stomach has been empty, is flaccid and almost bloodless; it scents the food; now, notice the changes. The digestive machinery must be put in motion; more blood is the demand. The blood comes scurrying from the different parts of the body, leaving them anæmic. The gastric cells become excited from the engorgement and begin to secrete; the sleeping muscles awake and begin to move; the liver commences operations, likewise the spleen and pancreas—all working for one purpose. The little blood corpuscles come to give up materials and take on new supplies. The food passes on down the line until digestion is complete, when the system once more becomes anæmic and the blood cells are engorging some other part preparatory for action. One part is sleeping while another is acting. All are working for the common good. Action everywhere means engorgement; rest everywhere means anæmia. Inflammation, which is the basis of the majority of diseases, is but the overstepping of action or engorgement.

Nearly every pathological process is intended to be a conservative process. There are influences at work outside of the organism, some of which we may be able to understand in the future, and some perhaps never. Why is it that life is borne in with the tide and death carried out with the tide? Why is it that the organs act in cycles and have periodical rhythms in their actions? Why is it the organism is positive to its surroundings at one time and negative at another? What are inherited tendencies? These are all practical questions to Homeopathic physicians and demand investigation.

It is with special reference to therapeutics, however, that I wish to speak. The law of Similia is all right, but our provings must be made upon a more solid rock. Symptomatology and physiol-

ogy—or pathology, if you please—must be inseparably linked together. Again, let me say, every symptom has a cause, and no remedy will permanently relieve that symptom unless it relieves that cause, and in order to apply that remedy according to the law of Sim lia we must know what tissue is affected and how, and this we cannot know until we first know the normal or physiological action of that tissue. When we understand physiological action we can understand pathological action, and this will make plain symptomatology. We will not have to grope blindly at symptoms.

To illustrate, take bryonia. We know by provings that it affects serous membranes, producing inflammation. We know the make-up and uses of serous membranes. We know, then, why the bryonia pains are sharp and lauininating, worse on motion, lying in certain positions, etc. Take sulphur. With congestion of venules as a keynote, how easy to account for hemorrhoids, eruptions, disordered sexual system, faulty reaction, aggravation from depressing influences, as standing, warmth, overexertion. Take nux vomica. *Motor* nerves, exhaustion and paralysis; *sensory* nerves, hyperæsthesia, and you can logically account for every symptom IF you know the location and uses of the motor and sensory neves. Constipation is one of the leading characteristics of nux. Why? Exhaustion and paralysis of motor nerves. Trace it and you find ineffectual efforts at stool, piles, headache, loss of appetite, etc. Take sepia. Stagnation of portal circulation, piles, yellow skin, sagging, heavy uterus. We have no more right to prescribe a drug for secondary effects, without knowing what physiological action is deranged, than we have to prescribe large doses for primary effect without knowing the physiological action of that drug. We know when we give large doses of ergot that it will produce contraction of the uterus and constrict the blood vessels; that digitalis slows and strengthens heart action by vagus inhibition; that brandy will stimulate by exciting the circulation.

Our *materia medica* will never rest upon a solid bed-rock foundation until we know what physiological process a remedy affects, and how it affects. Then blind symptom-hunting will be at an end. Physiology must ever be the north star in our medical firmament.

REPORT OF THE BUREAU OF CLINICAL MEDICINE.

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CLINICAL INTERPRETATION OF URINARY ANALYSES

BY W. A. GEOHEGAN, M. D., CINCINNATI, OHIO.

Three cases have been selected to illustrate some of the difficulties attending a proper interpretation of urinary analyses. All of these cases presented features in common, as follows : Diminution in the quantity of urine and of its specific gravity ; darker color of the urine than normal ; a considerable degree of albuminuria ; casts in the urine and marked deficiency in the quantity of urea. All were attended by dyspnoea. With the exception of these points the cases had but little in common.

The first was that of a man between fifty and sixty years of age, whose illness apparently dated from an attack of la grippe two or three months before, the catarrhal symptoms leaving a considerable degree of debility and well marked dyspnoea. The lungs were slightly emphysematous. The heart sounds were normal, but somewhat obscured by the overlapping lung. The liver was enlarged. The mind was clear until a few days before death. The urine was diminished to one-half of the normal quantity, and had contained enough albumen to leave a deposit after boiling equal to one-fourth of the depth of urine in the test tube. When I saw the patient the dyspnoea was the one well marked symptom, but the patient was not compelled to sit up in bed. The temperature was 94.5° , and the attending physician assured me that it had for many days ranged between 93° and 95° . There was a total loss of appetite and no dropsy. Our joint examination of the urine showed that the quantity of albumen had diminished to a mere trace ; that many hyaline casts were present, some of which were granular and slightly fatty, and that the amount of urea was very small, being about nine (9) grammes per day of twenty-four hours. A speedy dissolution was prognosed. Death occurred within ten days. The case was doubtless one of chronic parenchymatous, or diffuse nephritis, but it manifested three marked peculiarities : First, a gradual diminution in the amount of albumen for two or three weeks prior to death ; second, the lowest temperature which either the attending physician or I had known to persist so long ;

third, the absence of dropsical symptoms. The dyspnoea was doubtless a symptom of uræmia, but, strangely enough, headache, coma and convulsions were absent, unless immediately before death.

The second case was that of a woman about 70 years old. The lower limbs were enormously distended with dropsical effusion. There were present a marked mitral insufficiency, considerable dyspnoea and cyanosis and an inability to lie down. Not more than 24 to 30 ounces of urine were passed daily, and it contained a moderate quantity of albumen, was dark in color, and deposited a sediment in which were found hyaline and granular casts, but no blood. Shortness of breath had been the earliest and most prominent symptom. This, with the absence of marked anaemia and of eye lesion, and the presence of cyanosis and of enlargement of the abdominal veins, and the fluctuation of the venal symptoms with the varying degree of circulatory embarrassment, led to a diagnosis of chronic congestion of the kidneys, in spite of a low specific gravity and a marked deficiency of urea. Chronic congestion, at first purely passive, may ultimately beget a true nephritis, which differs from an idiopathic one only in its dependence upon, and variation with, the original disturbance of circulation. The diagnosis received confirmation by the relief of the urinary and general symptoms consequent upon the use of cardiac stimulants. The urine increased in quantity, became lighter in color, the percentage of albumen diminished, and the urea was augmented. But even with this increased elimination the amount of urea excreted was very small, not exceeding nine to eleven grammes per day for many months. It will be remembered that in the first case, and the same is true of the average case of Bright's disease where the excretion of urea became as low as ten (10) grammes per day, a fatal uræmia soon supervened. This calls to mind an observation repeatedly made that the system seems especially intolerant of an excess of urea in the blood when it results from a disease of the parenchyma of the kidney; much less so when it is due to other causes.

The third case was that of a man between sixty-five and seventy years of age, who had mitral regurgitation, dilatation of both

ventricles, and a relative insufficiency of the tricuspid valve. The urine was scanty, moderately albuminous, somewhat darker than normal, and contained hyaline, granular and slightly fatty casts. It was interesting to trace the relation of the heart and kidney lesions. The difficulty of breathing was the first symptom noticed by the patient, but interrogation revealed the fact that for several months previous to the appearance of the dyspncea he had been compelled to rise several times each night to micturate, and in the morning would find the vessel nearly filled with the pale, watery urine so characteristic of cirrhosis of the kidneys. The heart and vascular tension peculiar to this affection resulted not only in the usual dilatation and hypertrophy of the heart, but the degenerate condition of the muscular tissue had permitted undue yielding of the cardiac walls and consequent lesions of the mitral and tricuspid valve. Of course the case soon proved fatal. The condition of the urine of the patient was certain to prove misleading to one unacquainted with the pathology of the case. In the latter stages of cirrhosis the urine, which has been copious, pale, watery, of low specific gravity and slightly albuminous, may become normal or scanty, darker in color, of greater specific gravity, contain more albumen and yield a larger deposit of casts. Then when the congestion of the kidney supervenes from an added heart lesion we have a urinary product which is puzzling. The history above can give the clue to a correct diagnosis.

While the majority of urinary analyses are easily made and as easily understood, there are cases which tax every resource of the physician for their correct interpretation.

METHODS IN THE TREATMENT OF TYPHOID FEVER.

BY H. T. MILLER, M. D., SPRINGFIELD, OHIO.

In presenting this paper I wish to say that it is one formerly prepared by me for publication in the New York *Medical Times*, and was duly published in that journal; as it embodies my views upon the subject in question, I respectfully take the liberty of using it on this occasion.

Were I to judge of the relative value of the different methods now used in the treatment of typhoid fever, as reported in the various medical journals, I would be most decidedly in favor of adopting the Brand method, with its magnificent showing of statistics, yet I cannot help but feel with the many who disapprove of it that it will never be generally adopted in private practice; for in this field it must prove unsuccessful, and, if successful to the few, it will be impracticable to the many. For it necessitates a corps of competent nurses, trained or untrained, and, in other hands than physicians, I should think it a dangerous method.

It is not the purpose of the paper to arraign any method or arrogate too much to any particular treatment, for

"Sweet are the uses of adversity,
Which, like the toad, ugly and venomous,
Wears yet a precious jewel in his head,
And thus our life, exempt from public haunt,
Finds tongues in trees, books in the running brooks,
Sermons in stones, and good in everything."

Taking a retrospect of the past five years, we find that the treatment of typhoid fever has undergone a number of radical changes, with the line of demarcation so distinctly drawn between each change that those who have been progressive, and have adopted the latest fad, look upon recalcitrant adherents of the abandoned one as "sentimentalists," "and must yield to logic and common sense." Within that period of time at least three methods of treatment of typhoid fever were given birth, interspersed at different times with a faint cry of "A new treatment of typhoid fever," each to be superseded by the other until the new method has relegated all to the shelf, the latter to be revived again when the new method has proved nothing more than a fad. Quinine, at one time the panacea in the treatment of enteric fever, has gone into desuetude. The anti-pyretic treatment is only pursued by a few, and then in a desultory way. The antiseptic treatment received its fatal blow, not very long ago, in an editorial in one of the most prominent journals in the East. Those who use aloes, podophyl-lum and colocynth are afraid to proclaim it for fear they would be looked upon by the luminaries in the profession as non-progressive.

I venture to say that the silent majority of physicians will go on curing ninety per cent. of their cases and allow the audible minority to continue to wrangle about statistics, which in reality apply only to hospitals.

Before laying down a method of treatment followed most successfully by many physicians, I would ask the good nature of the Society to allow me to quote from a number of journals issued within the past four months. Like all physicians, I have always been interested in methods for the treatment of diseases, so the following "new treatment for typhoid fever" at once caught my eye, and with the permission of the Society, I will give it *verbatim ad literatim*:

1st. I give all my patients cathartic doses of podophyllum from my first visit up to the time when they are not only convalescent, but until they are well.

2nd. I give them Fowler's solution in one-half drop doses hourly, and always.

3rd. They are given hot alkaline sponge baths, two or more times a day, the number of baths being regulated by the effect on their temperature and nervous system.

Colicky pains demand morphine for relief.

The diet is practically unrestricted, with the exception that milk is absolutely forbidden. The patient is never asked to take nourishment in any form, nor ever refused when he asks for it.

You will notice a total absence of calomel, quinine, aconite, antipyretics, of whatsoever kind, antiseptics and cold baths, and this is all, with the exception, which rarely occurs, of a little tincture of catechu, and deodorized tincture of opium, to limit the number of fecal evacuations.—*Columbus Medical Journal, September, 1893.*

And again :

The first requisite in the successful treatment of enteric fever is rest. The Brand treatment does not do this. The second point to be considered has reference to diet. This must be such as will necessitate the least possible activity of the organs of digestion and assimilation. Of all foods, by far the best in enteric fever is milk. The ordinary duration of the disease is so long that systematic feeding should be continued from the beginning to the end. Milk should be given at regular intervals in sufficient quantity, so that two quarts or more may be given in twenty-four hours.

A patient who cannot or will not take milk is exceedingly difficult to manage.

The same writer gives seven and a half to ten grains of calomel every other day, until four doses have been taken. He further says that at present bathing, according to the method of Brand, is enjoying an enviable popularity as a method of reducing temperature and preventing complications. This may answer well in hospitals, where it makes no difference whether any individual patient dies or gets well, and where there are conveniences for bathing and plenty of assistants. I venture, however, to predict with considerable confidence that this treatment will never be adopted in rural districts or private practice.

Aloes, podophyllum and colocynth have justly been banished from the pharmacopœia of enteric fever.—*Medical Record, November 18, 1893.*

This evokes the following rejoinder from a brilliant advocate of the Brand method :

When the author would persuade us, however, that "favorable action" is obtained from calomel, in doses of seven and a half to ten grains every forty-eight hours, until four doses have been taken, the cautious practitioner must ask for the rationale of this favorable action, and to wind up by calling the former a "sentimentalist," and must yield to logic and common sense.

I will leave the Society to draw its own conclusions, but truly nature might stand up and say to all the world of all schools, *this is a regular school.* After such effusive quoting from so many opposing methods, I would be most decidedly disposed to remain among the silent majority, were I to give my own individual experience in the successful treatment of typhoid fever, but the method I would subjoin to those already disposed of has been successfully used by many physicians for many years, and I feel confident in saying that it will hold its own against methods yet to see the light of day. I venture to say, with considerable confidence, that most physicians, however divergent their opinion, will concur in saying that bathing, according to the method used by Brand, will never become popular; and it is quite evident that the thinking portion of the profession have little confidence in some of the

drugs used in the other method. So I have little modesty in flaunting before a certain class of practitioners the method here appended:

1st. Enjoin absolute quiet on your patient in a well ventilated room. He should only be disturbed for change of bed clothing.

2nd. A systematic and judicious use of brandy. A quarter of an ounce every two hours, or according to the physical condition of the patient.

3rd. Give milk in graduated quantity. Should milk fail you, you must then have recourse to the beef extracts, and of these I have found Bovinine the best. A domestically prepared article is still better, but a restricted diet must be carried out.

4th. Sponging off with cool water or alcohol will often soothe and quiet the patient when other methods have failed.

5th. A careful and judicious selection of indicated drugs.

First and foremost of these is arsenic. It acts directly upon the blood composition, upon the tissues, and upon the nervous system. The mucous membranes are most powerfully affected, producing irritation, inflammation and ulceration. And this is noted especially in the digestive tract, where a violent destructive gastro-enteritis is established. The blood corpuscles are affected, sometimes destroyed. The leading indications for arsenic in typhoid fever are great restlessness, profound exhaustion, thirst for small quantities of water, often repeated, rapid emaciation, aggravation after midnight, a dry, fiery red and brown tongue, and diarrhoea. The stools are dark, thin, acid, putrid and slimy. It should be given at the very commencement of the fever, and only omitted at a time when some other remedy is more strongly indicated. Of these, Rhus Tox comes next. It acts prominently upon the organs of animal life, upon the mucous membrane, the lymphatic glands and the muscular tissue. On the organs of animal life, Rhus acts secondarily, producing a dullness of the senses, and a condition of the cerebral system closely resembling that present in the low types of fever.

It is indicated in a condition of mild delirium, stupefaction, restlessness, red, dry and cracked tongue, sordes, epistaxis, diarrhoea, yellowish brown, offensive stools.

These two drugs, with bryonia, are the principal ones indicated in typhoid fever. Bryonia acts especially and powerfully upon the serous membranes and the viscera they contain, more particularly the pleura and lungs, next the brain, and finally the liver. It acts upon the muscular fibres, and lastly upon the mucous membranes of the respiratory and alimentary tracts. It is indicated when there is a confusion of mind, irritability, delirium, great thirst for large quantities of water, not often repeated. There is a dryness of the mucous membrane, especially those of the mouth and stomach. This is a result of deficient secretion. The patient complains of a heavy pressure in the stomach, as if a stone were lying there. The bowels are usually constipated, the faeces being dry and crumbly.

Nitric acid is very useful in typhoid fever with offensive, purulent and bloody stools, ulceration, great prostration, intermittent pulse; sometimes threatened paralysis of the lungs. Where there are cerebral symptoms, belladonna should be thought of. Hyoscyamus and muriatic acids, also, when nervous symptoms become manifest. Passiflora incarnata, sulfonal or bromide of potash are useful when rest is essential. Latterly I have used lactophenin with excellent results.

In impending heart failure, any of the following drugs may be found useful. Prof. DaCosta's heart stimulant, (Fraser's) glonoine, codeine or atropine, the latter to be given in very small doses. Oil of turpentine, locally applied and given internally for tynpanites is also useful in hemorrhage of the bowels. Nitro-muriatic acid, too, has proven beneficial in this condition.

RHEUMATISM.

By C. ZBINDEN, M. D., TOLEDO, OHIO.

Rheumatism is a pathological state of the whole organism, with inflammation of the joints and fibrous tissues. Several varieties of morbid conditions have been collectively called rheumatism, *i. e.*, acute articular and chronic articular rheumatism, rheumatoid arthritides and muscular rheumatism. Gout is also similar to, if not identical with, rheumatism. The question of its pathology is not

yet settled. Goodno mentions three hypotheses : First, disordered metabolism, resulting in a production of lactic acid. Second, a disorder of the central nervous system, with the same result, production of lactic acid. Third, the most popular hypothesis at present is that which attributes the disease to the action of micro-organisms. Keating (*diseases of children*) says the most favored hypothesis is that of formation of lactic acid, while Alexander Haig attributes the disease to the action of uric acid. He also claims that rheumatism and gout are identical. It has been known ever since 1863, when Garrod published his work on gout, that the disease is caused by uric acid, but that rheumatism has the same cause has not been known. I will now give a short description of Haig's theory. He claims it is not the amount of uric acid which is excreted in a certain time, but the amount of it in its relation to the amount of urea, which is the index of normal or abnormal conditions. Uric acid is always produced in a relation of one part to about thirty-five parts of urea, and as the amount of urea may fluctuate, so the uric acid fluctuates, but always in proportion to urea. Both these compounds are produced in the tissues as waste material; they are absorbed by the blood, taken in the circulation, and excreted by the kidneys. Both are perfectly soluble in the normal alkaline human blood. But under certain abnormal conditions the blood loses some of its alkalinity, and the result is that it is no longer a solvent of uric acid; it will not take it out of the tissues, and what it may contain already it cannot carry along to the kidneys, but will precipitate it on its way, and the most of it will be deposited where the blood is most acid, which condition prevails most often in the joints and fibrous tissues. The urine will then contain a smaller quantity of uric acid ; its relation to urea may be one to forty-five or fifty. Uric acid and its salts are foreign bodies and irritants to the joints, causing inflammation, swelling, pain, fever, perspiration, and all the phenomena of rheumatism. Under certain conditions uric acid may be deposited in the body without causing rheumatism ; it may be stored up in the spleen, the liver, the muscles, etc., where it will cause no disturbance. At some time the condition of the blood changes from neutral or acid to alkaline, and a large amount of this acid is dis-

solved and taken in the blood, which is then charged with an excess of it, and, as it is a poison to the blood and the nervous system, it produces symptoms of its own, *i. e.*, severe headache (the so-called sick headache), mental depression, contraction of the arterioles, a slow pulse of high tension, small amount of urine, which contains an excess of uric acid to urea. This is a uric acid storm, and the presence of an excess of uric acid in the blood is called uricacidæmia. Uric acid has also a deleterious influence upon the blood. It has been demonstrated that it destroys the red blood cells in large amounts, and may cause hæmoglobinuria, anæmia, and other similar diseases. This explains the fact that our patients who suffered from a severe attack of rheumatism came out of it with such an anæmia—such a pale, waxy skin, quite out of proportion to the severity and length of time of their sickness. In rheumatism there may have been stored up a large quantity of uric acid, slowly accumulated during previous years, and, when the attack breaks out, in order to cure it the whole amount has to be dissolved out of the body, it has to circulate in the blood to be carried to the kidneys for excretion. This means the patient has to go through many repeated and prolonged periods of uricacidæmia.

That rheumatism has a predilection to affect the heart is explained in the way that here the blood is more liable to lose its alkalinity while flowing through the capillaries of the valves; thereby the uric acid is rendered insoluble and is præcipitated. A small centre is formed, which becomes larger every day by new deposit, and soon it exerts its irritant properties and causes an inflammation of the valves with all its dire results.

The chemical reaction of the blood varies during the 24 hours, as well in health as in sickness; there are so-called alkaline tides and acid tides. During the alkaline tides the amount of uric acid in the blood is always larger than at other times, and likewise the urine secreted during this time contains more uric acid than the urine from the other hours of the same day. By investigating that, the patient has to urinate every hour and every sample of urine has to be examined separately.

The therapeutics of rheumatism. If the uric acid theory is correct, the therapy must clear the body of uric acid. What is the

best way to accomplish this? Shall we treat the human organism as a chemical retort, and pour chemical solvents into it? Then the alkaline treatment, so-called, ought to answer the purpose. It has been used, but the result has not been satisfactory. Other solvents of uric acid are salicylic acid and its salts, and very similar to them is benzoic acid. It has been demonstrated that in a case of acute rheumatism, if the salicylates are administered in full doses, uric acid is found in the urine in large amounts, more than double its normal quantity; its relation to urea rises from one to thirty-five to one to fourteen, or one to ten, during the first two or three days, and at the same time the symptoms of rheumatism, pain, fever, etc., are promptly relieved. Next to the salicylates stands colchicum, used as well for gout as for rheumatism. As Haig has experimented with it, he has found that it also is a solvent of uric acid, and that its beneficial effect upon the disease is explained by this fact, although its mode of action is not clearly understood. But here come the Homeopaths and claim colchicum is homeopathic to rheumatism, that it acts according to the law of similars. Colchicum has produced in the provers pains in the joints similar to rheumatism. Another drug which has a relation to this disease is iron. In some cases it has a beneficial effect in Homeopathic doses, but in large doses it makes the disease worse. Haig tells us that he often prescribed iron for the anæmia resulting from rheumatism, and that he sometimes observed that it made the pain worse, or caused a relapse of the rheumatism, so that he had to abstain from iron.

The cure from the uric acid diathesis Haig sees only in the adaptation of the diet to such a condition. Uric acid appears not only as a product of metabolism in our body, but is also present in some of our food, *i. e.*, in the food of the nitrogenous class, and especially in meat. A person who eats freely of meat, meat broths and eggs may thus introduce into his body an amount of ready-made uric acid equal to that produced by the metabolism of the tissues. This whole amount has to be eliminated by his kidneys. This task, he says, is too severe for the organism, and, therefore, he sees the only way of cure in a diet which excludes the ready-made uric acid. Besides that, it is known that beer and wine are

great factors in producing rheumatism and gout. This is explained by the fact that both contain large amounts of acids, which decrease the alkalinity of the blood, and favor the precipitation of uric acid. Abstinence from these articles is therefore necessary, as well as abstinence from meat.

For an attack of rheumatism, salicylate of soda works well; the natural product, prepared from oil of wintergreen, is better than the common article. The oil of wintergreen tastes even more nauseating, and is slower in action, though sometimes it does well. Colchicma works best when the active principle, colchicine, as recommended by Goodno, is used. I treated lately many cases with it. It cured some cases promptly, and in some it failed. Ferrum phos. 5^x and 6^x and benzoic acid I have also used with success.

SOME THINGS I KNOW, OR THINK I KNOW.

BY R. B. CARTER, M. D., AKRON, OHIO.

One month ago, at a meeting of The Homeopathic Medical Society of Eastern Ohio, I had the honor and pleasure of reading a paper upon "Differential Diagnosis in Stomach Trouble."

At its conclusion I related the past history and the apparent present condition of two interesting cases then under my care, and called for suggestions, either regiminal or therapeutic.

I believe that I derived material benefit from the discussion which followed, and subsequent conversations held with members who had listened to it. At any rate, I am happy to state to-day that one of these troublesome patients is convalescing very nicely—is, in fact, practically discharged; at the same time candor compels me to admit that this is by no means true concerning the other.

I have decided, therefore, to confine my remarks to-day to a description and discussion of this latter case, concerning which, while there are some things I know, the things I do not know would make quite a book.

I trust, moreover, that at the conclusion of this paper the things that you know, or think you know, will be given forth so freely and

fully that I may return to any afflicted patient possessed of much valuable information, the application of which may insure to her physical good and my professional reputation.

CASE, MRS. D., AGE 63.—Has lived in Akron sixty years. Was salivated when 12 years old by taking mercury for "putrid sore throat," but all unpleasant effects seemed to disappear soon after the discontinuance of the remedy. As girl and woman, aside from this, her health and strength have always been good up to five years ago, when she had a rather severe attack of la grippe. During the next three years she had a half dozen slighter attacks of what was diagnosed as la grippe. These attacks all commenced with a severe chill, and were followed by more or less fever, resulting in a general soreness of the flesh and stiffness of the muscles, rendering her for a time almost entirely helpless.

About two years ago she experienced a partial stroke of paralysis. Her face was distorted and her voice affected only a day or two, but her left arm and left leg were comparatively useless for two or three weeks. She has never recovered the natural feeling in, and the normal use of, these parts.

About one year and a half ago she was again *regularly* salivated, but at this time the unpleasant symptoms which she attributed to this cause did not cease with the discontinuance of the medicine. Antidotal, palliative and remedial treatment seemed alike unavailing. Two other allopaths and then an eclectic followed in quick succession, with little improvement and no permanent relief. All seemed to concur in the idea her most troublesome symptoms were more the result of medicine than disease, and each one, on dismissal, advised her to "let the fellow that caused it cure it."

In build she is short, small-boned and quite fleshy. She has passed the unnopause, almost without noticing it, much to her surprise, since she was confidently expecting a period of poor health. She has had some rheumatism in the smaller joints and muscles. Cannot close her hands very tightly, and walks with some difficulty at times. She does not have much headache, but has a sore, tired feeling in the eyes and back of them.

Her stomach is the main thing which she complains of, and sometimes of the tongue, mouth and throat. The tongue is usually

dry and sticks to the roof of the mouth. The coating is white at the tip and sides, darker toward the base. Semi-occasionally the upper anterior surface, usually on the right side, becomes denuded, leaving a red and glistening portion, which burns like a coal of fire. The back part of the mouth and throat usually partake of the dry and burning condition, when the tongue is most troublesome. After a few days the tongue seems to coat over, the mouth and throat feel a little easier, and then it is that the stomach commences to burn, accompanied by intense nausea and sickness.

This patient always had a sensitive stomach. For instance, when in health, if her plate at the table was filled too lavishly at first, her appetite was gone and she could scarcely eat a mouthful, no matter how hungry a moment before.

Her bowels are usually regular and her sleep quiet and refreshing, if the stomach will permit. She cannot eat much that does not distress her, and the same article of diet will frequently not agree with her twice in succession. Acids and sweets both seem to disagree, and frequently the latter most. Milk tastes horrible, keeps coming up in the throat and causes gaseous distension. She cannot lie on the left side, as it causes palpitation of the heart, and more or less interference with breathing.

Palpation and percussion reveal much soreness in the region of the stomach, but no tumor or perceptible thickening of the stomach walls. The pains in the region of the stomach at different times act differently, radiating up, down, sideways, and sometimes through to the back.

She does not know of any hereditary troubles in her family, but she had an aunt die a terrible death, and the post-mortem revealed "cancer of the stomach." Her friends assert, and she insists, that the symptoms and conditions are much alike.

To relieve the tongue and mouth symptoms, I have used mostly nitric acid, iodine and hepar Sulph. with iodine of potassium, peroxide of hydrogen and listerine locally. My prescriptions to relieve the burning and nausea at the stomach have been largely Ars. Bell., Canth., Coldricum, Phosphorus Tartenuts Verat Alb.

I earnestly desire to help this suffering patient, and ask your hearty co-operation in the way of further questions as to conditions or the best treatment to be pursued in diet and medicine. What is your diagnosis and prognosis?

PATHOLOGY VS. DIAGNOSIS TO THE PATIENT.

BY A. L. MCCORMICK, M. D., CINCINNATI, OHIO.

What's in a name? " 'Tis the Devil that is in it," says Owen Meredith, "when one attempts a rhyme with a name that is French." We may say the same thing when doctors use different terms to designate the same pathological lesion when talking to their patients. For instance, one is called to see a child with a lung lesion, and immediately pronounces it a case of capillary bronchitis, and explains none of its pathology or dangers. The parents don't know what is meant by capillary, and regard bronchitis as nothing but a cold, till along comes a second doctor who uses the term broncho-pneumonia, and now the family are terrified at the term pneumonia, and think the first doctor an ass. Consequently the first fellow suffers much in the estimation of that family, and perhaps the whole neighborhood.

Either doctor could have defended his diagnosis if the opportunity was afforded, but unfortunately the case has passed out of the first man's hands into those of a rival, who makes the most of the first's so-called mistake in diagnosis. You say, no physician should stoop so low as to take such an advantage of his neighbor, but should explain away the apparent discrepancy. But, alas! how seldom is this done.

Again, one is called to see a case that a careful examination shows to be a chronic nephritis, and gives an unfavorable prognosis, and some friend of the family later smuggles in his doctor, who discovers a bad heart lesion, and so informs the family.

Both are right; but somebody gets a black eye, and all because neither makes any explanation of the connection between the secondary heart lesion and the nephritis, or that Bright's often winds up in organic heart disease.

Again, you are called to a case of scarlet fever, and attempt to isolate your case, and are told that Mrs. Jones next door had a boy with the same kind of a rash, and her doctor said it was only a scarlet rash, and allowed him his liberty.

Only a scarlet rash! How easy to say and not frighten the mother. Better be honest and thereby protect the neighbor's chil-

dren from possible cases of malignant scarlet fever and nephritis and its train of sad results. Tell them that a light case is often more dangerous to the patient, and also to the neighbor.

The same may be said of tonsillitis and diphtheria, and many other diseases, but I will not go further in reciting such cases, as these will show how controversies between doctors and their friends so often arise.

Having noted the evil we turn for the remedy, and it seems to me to be found in more careful explanations of the pathology to the patient or some friend, and in not trusting to their vague ideas of what some high-sounding term in diagnosis may mean. If necessary, draw diagrams of the organ affected, showing the normal and diseased condition. Explain the effect of one organ's trouble upon the other ; show clearly the probable causes and effects of the disease, and don't leave yourself liable to criticism for ignorance, when carelessness is the fault. I admit, a doctor should not talk too much, but rather listen and observe, but there are times to make explanations, and those times lost may never return.

In conclusion, let me add that in being careful to defend our own diagnosis let us not pull down a rival, but be honest with him, be he friend or foe, of old school or new. For honesty is always the best policy.

A CASE WITH A HIGH PULSE.

By J. W. OVERPECK, M. D., HAMILTON, OHIO.

The case which I am to present to the Society is not selected for the purpose of exhibiting anything scientific in the way of treatment, nor wonderful in its results ; but for two other special reasons. In the first place, it presents a particularly high rate of pulse, followed by recovery of the patient ; and in the second, I wish to emphasize the fact that *one or two prominent and persistent symptoms* are often sufficient data upon which to make a good, telling prescription.

The case, which came into my hands after being treated for two weeks or more by two regulars, was that of Miss D., aged about 20 years. She was about the average height, rather slender,

with fair skin and dark hair. The symptoms obtainable were nearly all objective, and as follows: The patient lay on her back, giving little, if any, attention to persons or things about her, excepting when spoken to, when she would make a short and usually proper answer. She raised and turned the head quite often to get rid of mouthful after mouthful of watery saliva, which was very profuse, indeed. The tongue was not far from normal in appearance. The face, head, neck, and the extremities were covered with a cold sweat, and the nose was quite cold. The pulse ranged about 160 per minute, and was small and weak. There was great thirst, the patient always calling for ice or iced water, and much of the water was not retained by the stomach, being ejected with little effort. Little food could be taken and none kept on the stomach.

One of the physicians who had attended her, voluntarily and very kindly told me that their diagnosis was a tumor at the base of the brain, and that not a single remedy that they could find had produced the least effect. It was their opinion that there was no help. I was inclined to believe that they were right, and told the friends so, but stated at the same time that I thought that the irritation and pressure of fluid in the ventricles might produce the same effect. The seventh nerve, the facial portion of which sends some fibres to the parotid and other salivary glands, has its deep origin in the floor of the fourth ventricle. Stimulation of the nerve causes a copious flow of thin, watery saliva; and, if the same nerve be cut, after a number of hours the same flow takes place. So this action of the salivary glands can be accounted for as arising either from irritation at the nerve center or from destruction of the function of the nerve from pressure in the ventricle.

The pneumogastic having its origin at the same point, we find a cause for the vomiting, and as the par-vagus sends the inhibitory fibres to the heart, we could see how, with their action withdrawn and the accelerators given full sway, the heart could "run away with itself."

Believing that if there were a tumor there was nothing to be done, I began treatment with the idea that the ventricles were over-filled, notwithstanding the fact that there had been no rise of tem-

perature. I prescribed remedies for eight days, with little result, except that the patient did not grow worse, as she had done, and she was a little more comfortable. On the afternoon of the eighth day I found her apparently growing worse, and the pulse increasing in rapidity at such a rate that in the evening it had reached 260 per minute, and I informed the people that she surely had but a few hours to live. During this day one symptom, which had been noticeable to some degree, became very marked. All along there had been a tendency to uncover the feet, and now, if they were covered as many as seven or eight times per minute, they would be uncovered that many times. This was done automatically and without a word or sign of complaint. Evidently there was a sensation of burning in the feet, while in reality they were cold. This symptom always points to sulphur, and considering it, together with the great quantity of saliva and the fact that it is one of our best remedies to bring about absorption in meningeal troubles, I wondered that I had not given it before. I had thought of it, but the cold sweat and the cold nose had thrown me off the track. The principal medicines prescribed up to this time were hellebore, veratrum, Alb. and zincum. I made a late visit, found the patient and pulse about the same, and gave sulphur, leaving the house with little hope of her surviving the night. In the morning there was a slight improvement, and suffice it is to say that for a week under sulphur alone the girl grew gradually better, and with the help of two or three other remedies she had so far recovered that on the tenth day after the sulphur was first given I made my last visit. She is now a healthy woman. It seems to me that here we have a case in which we can count the pulse as a part of our basis for diagnosis, but not for prognosis. One of the factors which regulate the heart—the one that tends to hold it back—being rendered powerless, the accelerators which come from the spinal nerves were playing "high jinks" with the heart all by themselves. The heart itself, and its intrinsic nervous mechanism, were not diseased, nor at fault, for they stood the ordeal nobly. It was the outside machinery that was to blame.

REMARKS ON DYSENTERY—REPORT OF CASES.

BY ROBERT S. EVELYN, M. D., CLEVELAND, OHIO.

That every physician owes much to his profession is evidently undisputable ; it has done much for him, he should do at least a little for it. Every physician must have some experience peculiar to himself, and this he ought to make public for the benefit of mankind. If it is wise to suggest new things, we can likewise appreciate the substantiation of already known things. Any physician (regardless of age) that remains stationary while this busy world moves on will soon be like the old wind mills of Normandy, useless, unless it be to give variety to a dreary professional landscape, and, although I regard the need of being conservative and discreet, yet, it would be far better if he were as active as the race horse which pushed everything before him.

It is not my intent to offer an apology, but truly, having but three weeks before the meeting of our annual session in which to prepare a paper on a subject so important as dysentery, is very inadequate ; with periodic spare moments, I feel that I can do but little. The remarkable success, as compared with statistics, which occurred in an epidemic of dysentery in "the tropics" during my short sojourn a few years ago, is worthy of some recognition in favor of Homeopathic therapeutics.

Evidence in regard to various etiological ideas are numerous, but many are surrounded in doubt. I do not, by any means, regard dysentery as altogether a disease of the alimentary canal. While the alimentary tube is the seat of disturbance, yet it is questionable if such an ailment at the onset is not a dynamic disturbance of the nervous system, with a distinct group of symptoms. In the summer of '91 I treated seventy-five cases of dysentery during a prevailing epidemic, with a mortality of three, 4.0. Without a single exception, the seventy-two cases fully recovered within four weeks. The fatal cases occurred on the fourth, sixth and seventh days respectively. This epidemic prevailed in a swampy and marshy district; the emanations and paludal miasmati thereby cultured was doubtless provocative of inducing enteric disorders. While similar conditions in different countries produce similar diseases, never-

theless every climate is known to produce a particular disease or class of diseases. As an instance, in Malta the number of liver diseases is remarkably high, therefore we credit the idea that there is something in the climate peculiarly favorable to the production of hepatic affections. In the tropics we find a high mortality from enteric diseases ; ill-conditions there seem to favor the intestinal tract, while complications of organic affections are known to arise during an attack of dysentery. It cannot be said that during this epidemic any particular organ seemed to be involved from a stand-point of disease process. Aside from the fatal cases I cannot credit the belief that more than half the number of dysenteric cases commence and continue their course complicated by obvious functional hepatic disease, and that hepatic abscess occurs in about eighteen per cent., and more than fifty per cent. with hepatic lesions. Functional disturbance is evidently present, but disease largely implies something malignant ; therefore, I cannot favor the idea that such a high per cent. exists in hepatic conditions, superinduced by dysentery. In many of the cases in this epidemic fevers of the remittent and intermittent type were present, but never any marked chill. There was no extensive anaemia or splenic cachexia which would lead me to believe that enlargement of the spleen prevailed in any case.

The afflicted were suddenly attacked ; this was characteristic of the epidemic, and many cases seemed like a case of poisoning, and from the onset manifestations would lead one to believe that extensive primary pseudo-membranous inflammation was the cause of much prostration and tormina. The victims were surprisingly attacked by the sudden irresistible paroxysm of pain. It was not unusual to meet some one while making calls who would openly solicit my immediate attendance. I dare not say that in the three fatal cases the tormina and tenesmus were more intense than in the cases that recovered. However, I favor the opinion that rapid collapse in the three fatal cases was superinduced by some primary organic disease. It is needless to dwell on the various kinds, and likewise the etiology of dysentery, but beyond doubt in different countries the causes are alike.

There is some vagueness in the provisional term malaria, yet we dare not set it aside, as it implies a poison resulting from decomposed organic matter in the soil, capable of causing a disease when conveyed into the body, and it would seem that certain anatomical lesions of the large bowel are a peculiarly invariable incident.

If the atmosphere be void of organic matter-emanations, as the result of decomposition in alluvial soils, doubtless we are most likely, in just the proportion as we have banished malaria, to have got rid of the dysenteric enemy. At the time of this epidemic there was great consumption of Indian corn and many kinds of tropical fruits, and I doubt not they were eaten before the ripening season, serving as an irritant on mucous tissue, from its indigestibility becoming an active agent.

Recent investigation shows the result of one hundred and fifty-three cases. It was found that the anguillula stercoralis, which was once considered an important etiological factor, has probably but little to do with the introduction of dysentery. The bacterium pyocaneus is of some little importance ; the bacterium coli is much more important ; but the interesting facts are with regard to the ameba coli. This organism was present in about one-half the acute cases, and in nearly one-third of the chronic cases. Apparently there was no connection between the severity and the number of ameba present. Upon examining the stools of perfectly healthy individuals it was discovered that ameba were present in considerable quantities in twenty per cent of them. While the injection of dysenteric faeces into the intestine of a cat caused ulceration, too much cannot be deduced from the result, for a similar lesion was produced by the injection of sterile vegetable debris. That the ameba has some share in the causation of dysentery is very probable, but the results obtained by the experimentalist lead him at least to question the now prevailing opinion that this parasite is the chief, if not exclusive, cause of the disease.

Medical science is yet to determine that any one germ produces dysentery, and that it is authoritatively infectious. Is it, by any means, a convincing proof that a specific germ in the ameba coli is capable of producing more than one kind of disease? It has

been found in dysentery evacuations, and has been found as well in the pus from hepatic abscess as a sequel to dysentery. When we look to the history of dysentery, and to the nature of its lesions ; to its reappearance, from time to time, with the same identical character, there are strong grounds for believing that there is something specific in the nature of the poison, just as much as that of smallpox, scarlatina or diphtheria. I feel proud, somewhat, of the success attending this epidemic on Homeopathic principles as compared with past reports.

In a report of Dr. Kidd to the English Homeopathic Association in 1847, of treatment in dysentery at Bantry, Ireland, compared with report of Union Hospital at the same place, gives the following :

Hom.—Dysentery, 81 cases, 11 deaths; 18%.
Allop.—Dysentery, 250 cases, 90 deaths; 36%.

I also find in the statistics of Homeopathic and Allopathic treatment in hospital practice at New York, covering a period of five years, the following :

Allop.—Dysentery, 447 cases, 120 deaths ; death rate, 26.8%.
Hom.—Dysentery, 98 cases, 7 deaths ; death rate, 7.1%.

Figures from Dr. Routh's "Fallacies," European Hospital, about 1850 :

Allop.—Dysentery, 162 cases, 37 deaths ; death rate, 22.8%.
Hom.—Dysentery, 175 cases, 6 deaths ; death rate, 3 %.

Under my care in tropical dysentery in 1891 : Cases 75, deaths 3, death rate 4 per cent. It is of interest to know the particular cause of this epidemic. When due to the ameba coli it runs an irregular period, with a periodic improvement and a duration of two or three months, and from this particular cause the death rate is more than in the sporadic cases of the catarrhal kind. The cases reported in this thesis recovered within four weeks. Strangury was a marked symptom, with but little urine tinged with blood, abdominal distention marked, and pain greatest over the region of colon. Delirium was conspicuously absent. Active measures are very important in acute dysentery, so rapid is the progress of the many lesions. I have found much aid in the use of the hot bath,

the patient carefully dried, and immediately put to bed. The Homeopathic selected remedy is given until its physiological effects are noticeable, the selection being fully in accord with the totality of symptoms. When dysentery prevails in an epidemic form, characteristic symptoms will generally appear in individual cases, which may be grouped together, and will indicate the remedy which will be found Homeopathic to the genus *epidemicus*.

Active treatment is the fundamental principle in dysentery; selecting the remedy that will produce immediate diminution in the number and character of the stools. There are two indications for treatment: First, remove the existing cause; second, establish a resistance. Confine the diet to food which will be taken up before it reaches the lower portion of the alimentary canal, and diminish the effete matter.

High injections of antiseptic fluids above the sigmoid flexure are of good service. It should receive treatment as a septic wound. The bowel should be treated locally by medicated enemata, not as an expectant cure, but a means to palliate and oppose pain.

Mercurius corrosivus may be considered to be the most important of all the Homeopathic remedies in dysentery, especially with discharge of pure blood, or with putrid, corrosive, greenish, or frothy mucus intermixed with blood, with hard excrements passed after much straining.

Arsenicum in dysentery, arising from exposure to noxious exhalations in marshy situations, especially when great weakness and even prostration exists from the commencement, with burning pain in relieving the bowels, thirst and aggravation of symptoms after drinking, sunken countenance, rapid sinking of the vital energies, pulse small and intermittent, coldness of the extremities, offensive breath, cadaverous, smelling evacuations, restlessness.

Ipecacuanha is especially serviceable, when the dysenteric affection seems fairly established. Stools consist of slimy matter, containing white flocks, followed by evacuations tinged with blood.

Colocynth is frequently called for after the more serious symptoms have been subdued by *merc corrosivus* or *ipecac*. In either case the following are the indications which should lead to its

administration : Dysentery attended with violent colic and excessive distention of the abdominal region, excessive agitation and restlessness, tongue coated white, bloody evacuations.

Cantharides, when membranous tissues appear in the stool, painful urination, stools seemed to be mixed with whitish or solid substances like false membranes.

Patients attacked with dysentery should strictly avoid wine, malt liquor and spirits of any kind. Bodily rest and avoidance of overexcitement, as well as of excess of exertion, are essential to facilitate recovery.

The abdominal bandage renders much support. Flannel is to be preferred to cotton ; Bland diet should be strictly observed ; toast, water, milk with lime water, arrow-root gruel, rice water, vermicelli pudding, or plain cereal foods, giving every two hours, very sparingly.

The successful practice of Homeopathy, no longer a novelty in Europe or in the United States of North America, has gradually extended its beneficial influence to the tropics, and is making rapid headway toward adoption by Europeans and other nations of temperate climates, whose calling requires their emigration, whether temporarily or permanently, to regions immediately under the influence of a vertical sun, where there is rapid and exuberant vegetation, and yet more rapid and noxious decomposition.

PNEUMONIA.

BY R. B. JOHNSON, M. D., RAVENNA, OHIO.

My purpose is not to tell you what pneumonia is, or give the symptoms thereof, for I presume that you all know a case of pneumonia when you see it, and are acquainted with the various symptoms belonging to such cases. But some time last autumn I saw a statement in one of the Cleveland papers, and again this spring I saw another similar one in regard to pneumonia. These statements were something like this, viz : That, while physicians were devoting a great amount of study and research and experimenting in an

endeavor to find some sure cure or specific for tuberculosis and some other diseases, they were doing comparatively nothing in regard to pneumonia, or endeavoring to find some sure cure, or something that would check its ravages, which were very great every winter, causing more deaths than any other disease. Now, is it true that so many people die from pneumonia, and is there nothing being done to check its ravages? As to the first question, it may be true; and, if true, why is it true? When the statistics of all cases are combined, I believe there is a large per cent. of these cases die; but, when we compare those who are treated by our Allopathic friends and those who are treated by Homeopathic medication, I believe we will find that we are not the ones who are losing our patients afflicted with pneumonia. And I have no doubt that the self-called regulars are not doing all they could to cure these cases, or they would all be practicing Homeopathy.

Now, is there nothing being done to stop this disease that is carrying off the people by the thousands and tens of thousands each year? We answer, verily, yes! Ever since Samuel Hahnemann promulgated the truths of Homeopathy his disciples have been combating this disease successfully, and I believe that if all cases of pneumonia could be treated Homeopathically the death rate per cent. would be greatly reduced, and our secular press could not make the statement in truth or in fact.

We, as Homeopaths, do not claim to have any specific or cure-all remedy for pneumonia more than for the many other diseases to which humanity is heir; but I do claim that we do make a good record in this disease. I know that I have, in the twenty-seven years that I have practiced medicine, treated a great many cases of pneumonia, and my percentage of deaths has been very low, and all that have died for me were so old and debilitated that any disease would have taken them off. I do not remember of ever losing a case of any other kind, and I believe that what I have done others can and are doing all the time. And why not, when our *materia medica* is teeming full of remedies that will cure pneumonia, but no one that is specific in all cases; yet all are specific or indicated remedies in some cases. We all know that Acon.

will give relief in the first stages of the disease, when caused by taking cold (and most cases commence that way), and will cut the disease short, and but little else is left to be done.

And then we have Bell. Bry. Gelsem, Verat. Vir., Hepar Sulph. Phos. Tart. Em., Merc. Sol. Sang. Carbo. Veg., and various others. These are the remedies that cure, and what is needed is to be familiar with them, and know their individual indications, and thus use them, and success will surely follow our labors.

If everybody only knew these things as we know them, what a blessing it would be, and there would be no more complaint that nothing was being done to prevent the great ravages of pneumonia, for there would be no such ravages.

REPORT OF THE BUREAU OF NEUROLOGY.

J. D. BUCK M. D., *Chairman*, Cincinnati, Ohio
"Hysteria vs. Hypnotism."

CHARLES HOYT, M. D., Chillicothe, Ohio
"Neurasthenia, or Chronic Invalidism."

J. H. COOK, M. D., New Carlisle, Ohio
"Use of Nervous Reflexes in Emergencies."

HYSTERIA VS. HYPNOTISM.

BY J. D. BUCK, M. D., CINCINNATI, OHIO.

Hysteria presents a great variety of symptoms according as the organs of generation are involved, and the sensory ganglia and emotional element disturbed. There is in all such cases a common basis in the disturbance of the generative organs of a neurotic character. No form of local disease of the generative organs has been recognized that invariably tends to produce hysteria, as similar disorders in two individuals will in one case be accompanied by hysteria, and in the other no such symptoms will arise. In some cases no local disorder can be discovered beyond a general sensitiveness, with ready disturbance of the emotional life. We come, therefore, to recognize the hysterical temperament as a tendency in certain individuals to a form of emotional insanity—a condition of the mind excited by, but not necessarily dependent upon, the condition of the organs of generation. Furthermore, the symptoms of hysteria are far more amenable to suggestion than to any local or medicinal measures. This fact alone locates the disease in the mental and emotional realm.

Hysterical symptoms include hallucinations, illusions and delusions, according as the mental realm or the purely emotional is involved. The departure from health in all such cases may be best apprehended as modifications of the planes of consciousness, where the orderly relations of experience to the outer world of sense and time is disturbed. The usual form is that of illusion, where the real is distorted and made to appear to the individual other than it is. During the prevalence of an attack there is a dominant illusion, with, at the same time, the consciousness that it is an illusion. The patient knows that she is guilty of folly, yet seems unable to control or prevent it. Hysteria is therefore a loss of control by the individual of the will, which is for the time in obeyance to the emotions and the imagination. The individual voluntarily yields control to such an influence, and only regains self-mastery when the attack has exhausted itself, or is broken by a stronger will dominating the illusion.

Taking now the average hysteriae, where no severe organic disease exists on the one hand, and no real insanity on the other, the conditions are the same as in hypnosis, and cannot be distinguished from auto-hypnotism. A fit of anger, disappointment, or of jealousy, is quite sufficient, in many cases, to induce an attack of hysteria. It requires much experience and fine discrimination in many cases to detect the hysterical character of the attack, for it will simulate almost any known disease, and often with such skill and completeness as to deceive the very elect, and a ruse has often to be resorted to to expose its real character. Some cases border so closely on genuine mental alienation as to be difficult of detection from the really insane. These latter cases are more persistent, however, or recur at shorter and shorter intervals, thus showing a deep-seated disturbance of the mental rather than the emotional realm.

A dominant idea born of suggestion is more or less present in every case of hysteria, and thus involves the will and the emotions, and is, therefore, to that extent hypnotic. The patient dwells for the time in a fantastic or distorted realm of her own creation. Imagination takes the place of actual experience, and the changes in the states of consciousness constituting thought-forms are no longer orderly sequences amenable to reason. Hysteria, hypnotism or auto-suggestion, and genuine insanity, belong to a sliding scale, and are conditions so intimately connected that no positive rules can be laid down for differential diagnosis. That the simpler forms of hysteria are auto-hypnotic there can be no shadow of doubt, and these yield readily to suggestion or the dominance of a stronger will, or to the excitation of a stronger emotion, as anger or fear. All mental pictures—that is, all processes of thought—arise in one of three ways. First, through the sensations and emotions from the physical side of the equation of conscious experience. Second, from the purely mental realm as creations of the imagination, based on previous experience ; and third, by a combination of the two former processes. In auto-hypnotism and hysteria the imagination is distorted or diseased, and the orderly sequence is broken, and the leading factor is the sexual imagination. Sexual obsession accounts for the condition in many cases,

and hence the obscure manifestations so often present. It is more often a morbid, excited, exhausted, or diseased sexual instinct that is present than anything else, far oftener a disturbance of the function than the tissues, and this immediately involves the nerves and the emotions. The analysis necessary in any given case is, therefore, delicate and exacting, and the complete restoration of health or a perfect equilibrium difficult. The control of the mind is of the very first importance, and should be our point of departure. If this can be secured, all may be well, and the really mental symptoms are the key-note in selecting the remedy. The impression the physician leaves on his patient, the confidence that he is able to inspire, the control of mental states he is able to gain, will more often determine results than anything else. All this belongs to the realm of hypnotism, or suggestive therapeutics. This is a new field to western science, though really one cultivated for centuries in the east. It may seem to many a strange statement that mental science with us in the west has not yet passed beyond the alphabet. Yet such is the fact. Hypnotism, which is but a side track of the main thoroughfare, and which is but an old discovery well known to Paracelsus, even before Messner, has revealed certain possibilities and potencies, and certain methods of procedure that seem very startling to an age of materialism, which had so recently as the time of Benjamin Franklin, by authority of a commission of the French Academy, of which Franklin was a member, declared Messner's claims both fanciful and fraudulent. We must now be prepared for still further admissions and surprises. The human mind is not only amenable to suggestion, and so dominated, both from without and within, but is habitually so dominated, and it is only as the result of self-culture and self-restraint that it can be freed from such dominion. The most potent factor in such domination is the creative, or pro-creative power, in man, and this is directly connected with the emotional life through the sympathetic ganglia, and with the intellectual through the Pineal gland and its appendages. In hysteria and hypnotism the lower dominates the higher, and the real self becomes the plaything of the lower powers. A train of emotions, visions, sensations or thoughts is started by suggestion, and it goes on repeating itself, logically and synthetically.

cally as an obsession, a foreign invasion, operating automatically till arrested and turned back by the assertion of the will, under guidance of the conscious self-hood or ego in man.

NEURASTHENIA OR CHRONIC INVALIDISM.

BY CHARLES HOYT, M. D., CHILLICOTHE, OHIO.

Neurasthenia really means nervous exhaustion—a condition characterized by weakness and exhaustion of the nervous system.

This condition arises independently of any organic disease, and, as deaths do not occur from this protracted and seemingly terrible affliction, there are no autopsies to throw additional light upon this disease.

Some authorities do not think neurasthenia should be accorded a special classification as a special disease, but this is in my opinion a mistake, as it certainly is a special disease, entirely separate from hysteria, insanity, or hypocondriasis, although resembling them in many important particulars.

Neurasthenia is divided by various authors into quite a number of classes, viz: spinal, cerebral, malarial, degenerative and syphilitic neurasthenia, but all these subdivisions of the subject are of very little value from a clinical or therapeutic standpoint, as after all it resolves itself practically into the spinal neurasthenia of the older writers.

Each case presents its own individual peculiarities, and the patient's peculiar trend tells the observing physician in what direction the nervous break-down will occur.

Neurasthenia means in every instance chronic invalidism, for while these cases, if uncomplicated, nearly or quite always recover, they do so only after months and years of being bed-ridden.

It is a disease that may affect either sex, but by far the greater majority of cases occur among women, and these are the patients I have especially in mind in writing this paper.

The greatest factor in the production of this disease is heredity, without a doubt. I think in every case it will be found to be an easy matter to trace back and find a bad heredity. The mother

was possibly a neurasthenic or an excessively nervous person, and addicted to the excessive use of tea and coffee, or possibly the father was a dipsomaniac.

In two cases that have come under my own care the fathers and mothers in both instances were first cousins, and their offspring consequently in both cases, mentally and physically, were not all that could have been desired.

Of course, as immediate exciting causes of neurasthenia, may be mentioned anything that brings the nervous system below par, such as overwork, overstudy, sudden shock, lack of sufficient nourishment, loss of sleep, masturbation and various forms of uterine diseases. Some authors lay great stress upon masturbation as a causative factor in this disease, but if this evil cut any large figure in its production we would be likely to find the crop of neurasthenics pretty plentiful every year.

Oculists lay great stress upon eye-strain in bringing about this nervous break-down, and with school girls it often is the key to their nervous condition.

Neurasthenia always presents a period of prodromal symptoms before the beginning of this long siege of chronic invalidism. These prodromal symptoms are often quite indefinite and pointing to nothing in particular. In fact, they are often very misleading, causing the patient's friends to think they are enjoying unusually good health and spirits. They will display unusual energy in everything, working early and late, and entering into all work and the pleasures of life with unusual vim and vigor. They will keep late hours, enjoy dancing, long walks and century runs on the bicycle. I say that all this is misleading, because many persons can and do continue to do these extravagant things, requiring an unusual expenditure of physical and mental force, without any harm to themselves, as they are strong and well, and come of sturdy parentage, who have no taint of weakness about them, and therefore beget strong, healthy children. After a time this prodromal stage is succeeded by what is popularly known as nervous prostration and the long siege of chronic invalidism, when every effort either mental or physical seems to utterly exhaust the patient.

The patient usually begins losing in flesh, and utter prostration and intolerable weakness go hand in hand. I have in mind one such patient who became so thin she was but a living skeleton and was unable to turn in bed or help herself in any way more than an infant.

Insomnia is an early and very troublesome condition, the patients being unable to obtain only a very few hours' sleep each night. They will usually sleep for a short time during the early part of the night and then be obliged to lie awake until morning. This sleeplessness is certainly one of the most annoying, persistent and troublesome symptoms of this very intractable disease.

Neurasthenics are, as Artemus Ward terms some of the lower animals, peculiar. They will tell you how very anxious they are to get well, and then get mad when you urge them to do certain things that you feel sure will help them to get well faster. It seems many times as though they were afraid they would get well too soon, when you observe how easily they become angered whenever you suggest to them that they are really improving. When you say to them that they are looking better and you are sure that they are really improving, they at once become indignant and tell you that you do not know how terribly they are suffering and how badly they feel; that no one knows how sick they are, and consequently they do not sympathize as they should do with them in their affliction. They resent being told that they are looking better or improving in any way. They watch and note every symptom in its minutest details, and symptom-hunters can here revel to their heart's content; for one of these poor, weak, debilitated creatures that can scarcely raise her hand to her head can detail symptoms until the physician is liable to an attack of nervous prostration if he doesn't plead an engagement and get out. All you learn from this long-winded detail of symptoms on the part of the patients is that they can talk on forever without getting tired, so long as they are telling the details of their own illness. No repertory has ever been compiled that could contain the symptoms that a good all-wool-and-a-yard-wide case of neurasthenia can present. Any effort to distract the patient's attention from herself will annoy and anger her, and she at once concludes, and so informs you, that you are not

sufficiently interested in her case. Neurasthenics are certainly the most selfish persons on the face of the earth; they do not seem to care who suffers or in what way, so that their every whim and want is gratified; every member of the household must be brought to their feet to do their every beck and call. The old feeble mother, the invalid sister, or the overworked and overburdened husband are each and all obliged to do homage to this garrulous patient that won't die, and is exceedingly slow about getting well. However, during this very protracted period of illness, they do gradually begin to show signs of improvement, but so imperceptibly that for a long time the physician alone can see the breaking light. She may seem to her friends very much the same as she has done for the past several years, still craving and expecting sympathy from all with whom she comes in contact.

The disturbances of the special senses are often profound, and in all cases well marked; vertigo is a frequent and long-lasting condition, causing the patients to walk in a very uncertain, unsteady manner, often lifting their feet high and awkwardly.

Tinnitus of a purely nervous origin is an especially persistent condition. It varies anywhere between a very light ringing, to a sound of escaping steam from rival road-rollers, or the clanging of bells, and drives the patient almost frantic at times.

The dread of light is always well marked, and in some cases so exaggerated that the patients are obliged to be confined in a totally darkened room, with eyes blindfolded, and often with ears stuffed with cotton, when both senses are especially hyperæsthetic. Asthenopia is among the most severe and troublesome conditions, and causes the patient early in the course of the disease to seek relief from the annoying condition. Fitting of glasses in these cases is unsatisfactory to both oculist and patient. The patient goes from one oculist to another, hoping to find one that understands her case sufficiently to furnish her properly fitting glasses.

Headache is an almost constant condition in neurasthenics, and only gets better as the whole condition of the patient improves. The pain is usually located in the occipital region and across the top of the head.

Spinal irritation and soreness usually belong to this disease, and several tender points can be located at various places along the spinal column. However, this tenderness rarely or never causes any serious results, but may continue to annoy both patient and physician for quite a long time. In fact, every organ in the body seems to be more or less involved at some time during the course of this disease, and will be a source of complaint on the part of the patient.

Loss of memory and weakness of the mind in many ways are common in cases of neurasthenia, and the patients are full of fears and forebodings. They are afraid of being in the dark or of being left alone, and can scarcely be persuaded, if apparently able to do so, to meet anyone excepting the members of the family. Old friends and the very dearest ones are shunned at all times when possible, and when such a meeting does happen by any chance it is usually followed by a nervous attack on the part of the patient and a long series of crying and hysterical manifestations. In walking on the street if anyone happens to speak to them they become very much excited and are almost prostrated. Seeing a stranger or any person watching them has similar effects and results.

Numbness is a great source of worry on the part of all neurasthenics. They usually complain more of one side of the body than the other and say that one whole side feels numb, or they may complain of one arm or one leg, or possibly one side of the face and head.

As I stated earlier in this paper, the list of complaints, symptoms, sensations and points of pain, on the part of a good genuine case of neurasthenia, passeth all understanding; for of the making of symptoms in these cases there is no end. This all has to be considered when you come to the question of treatment, which I approach with many doubts and misgivings.

In regard to treatment, I feel quite certain that these cases could be managed with comparatively little difficulty if all the doctors and sympathizing friends and relatives could be banished from the face of the earth.

Neurasthenics crave sympathy, and this proves one of the greatest obstacles to their recovery. Of course it is but natural that the

family and friends of these sufferers should extend every sympathy and provide every possible comfort for these apparently terrible sufferers, and they deserve only praise for it all; but, nevertheless, a chronic neurasthenic's progress toward health is greatly hindered by this natural sympathy and attention.

From perfectly reliable sources we know of many apparently wonderful cures of neurasthenic patients. They are raised from a bed-ridden condition of many years' standing to a condition of perfect health and bustling activity, this happy result requiring only a few hours or at the most a few days. The cause may be attributed to various things—sometimes in answer to prayer or the faith cure, Christian science, or some sudden terrible loss that is a great shock to the system. For instance, a patient may be suddenly reduced from affluence to poverty and be obliged to earn her own livelihood, or the loss of a husband or father may place the responsibility of the care of a family upon her, and she at once willingly and successfully assumes the task after having spent many years in a condition of chronic invalidism.

These sudden and apparently wonderful cures are not found in neglected cases, and those that have not received the proper care and medical treatment, but more often among wealthy patients who have had the best medical attention that money could buy, besides having spent years in the various sanitariums, equipped with all modern health-giving machinery and methods, besides having exhausted all the resources of official philosophy.

I say again, in the face of these wonderful cures that are almost instantaneous, that have taken place after years of the best care and treatement of the best medical men and sanitariums in this country, I approach the subject of treatment with doubts and misgivings, believing as I do that the recovery of these desperate cases is largely beyond the control of the attending physician.

I am quite familiar with the history of two cases of neurasthenia from having had them as patients for several years. One is fifteen years' standing and the other about ten, and neither of them seems to be nearing the homestretch of perfect health very fast, but, if a house or some small article of that kind doesn't happen to fall

on them, I don't see anything to hinder them from reaching the century mark, even if they do still remain neurasthenics, because they do not do anything to wear or waste their vital energies.

Now, coming seriously to the subject of treatment, I think we should recognize the prodromal stage as well as the long, chronic, fully established disease. We should also distinguish between acquired cases and those that are more particularly of a hereditary character. Our best efforts and best work can be done in acquired cases and during the prodromal stage. Here we can call a halt before the breaking down is complete and save years of suffering and despair. We should carefully examine every case and determine accurately, if possible, the cause of the nerve-waste, and stop it at once. If the patient be a student, and it is found that the cause lies in overstudy, late hours and lack of proper food and exercise, change the whole program at once, even if the patient, as well as her proud parents, are displeased because she fails to take as high rank as they might have desired to have her do among her college classmates. A firm stand in a case of this kind will save years of illness to your patient. It is important, if possible, to make patients and friends feel that you thoroughly understand the case, so they may have the utmost confidence in your judgment and be willing follow your advice and counsel as long as may be necessary.

Overworked and overworried patients must have their burdens lightened and proper rest and recreation furnished, as well as a change of scene and climate when found necessary. All physical defects and deformities should be corrected; and here I would call especial attention to reasonable and proper orificial treatment, so that all forms of nerve-waste and exhaustion can be stopped. If all the orifices of the body are in a healthy and normal condition, nerve-waste is largely controlled. Then with healthful diet, exercise and habits, together with sufficient sleep, your cases must build up and improve.

Every physician understands very fully the importance of proper sexual hygiene; therefore, he will see to it that nerve-waste in this direction is not being abused, and this is a crucial point in the early history of many of these cases of acquired neurasthenia.

When we are called upon to minister to old chronic cases of this disease, that have possibly lasted for many years, we will certainly be justified in adding to the above treatment strategy, strong will power, or any force at our command that may serve to shock and raise our patient from her state of inactivity and inability to exert her latent will power. As I have clearly shown, many of these cases, even of many years' standing, can be and are aroused and caused to get well by some one or all of the measures named. Also that the cure is brought about by situations and conditions outside the province of medicine and beyond the control of the physician.

Almost every drug in our vast Materia Medica may come to our assistance in the treatment of these cases at some stage of the disease, as well as the general tonics and builders of every kind and description in the armamentarium of the physician. I would, however, especially refer you to such remedies as strychnia, sulph., picric acid, phosphoric acid, agaricus and anacardium; also Bell., Cal. Carb., Cal. Phos., China. cimicifuga, coccus, coffea cruda, Ignatia Kali Phos., Nux Vom., pulsatilla, sepia, silecia, sulphur and zincum, for the uses and indications of which I shall refer you to the various works on Materia Medica and Practice.

USE OF NERVOUS REFLEXES IN EMERGENCIES.

BY J. H. COOK, M. D., NEW CARLISLE, OHIO.

There are always two sides to every question. Whenever one side only is viewed, and the logical deductions followed to their legitimate conclusions, some truths on the opposing side are overlooked and results sometimes missed or reached in a more round-about way than might otherwise be the case were both sides equally familiar.

Since the origin of Official Philosophy most chronic and some acute diseases have been treated in that way, sometimes relying upon that alone, at others in conjunction with internal medication.

Our journals have been filled with reports of cases cured, and the precepts to remove all sources of irritation from the orifices have been iterated and reiterated until they have become as familiar to us as our A B C.

I have no fault to find with this, but there is another side to the picture which I have failed to see dilated upon, and that is, that in some cases, especially emergencies, quicker and just as successful results follow the reverse process, namely, the producing of artificial irritation at these same orifices as follow from their removal.

In confirmation of this I relate the following case, because it made an impression on my mind such as only personal experience in a tight place produces.

While visiting another patient I was hastily summoned to attend Mrs. L—— in confinement, and repaired at once to her relief without taking time to go for my obstetrical outfit. The patient was a large, robust, hard-working woman, mother of five children. When I reached her bedside I found the child delivered and cord cut. I removed the placenta by Crede's method and retained my hand over the abdomen for 45 minutes. Contraction having been good during all of this time, I had her bedding changed and she made comfortable, and was about to take my departure, when she exclaimed: "Doctor, I am wasting too much." I clapped my hand over the hypogastrium and found good, hard, firm contraction. Next I examined the napkin and found a free, continuous flow of bright red blood. Thinking there might be a clot or shred of membrane remaining, I introduced my hand into the uterus, but found it empty. Just then she exclaimed: "Oh! I feel so bad I believe I am going to faint," and she presented all the appearances of one going into a syncope. Something must be done. I had given what seemed the indicated remedy without results, when I suddenly remembered having read of a case of post-partem hemorrhage controlled by scratching the internal os with the finger nail. I tried it, when to my infinite relief the patient instantly exclaimed: "There! I feel so much better." Before I could send for my syringe and procure hot water it was necessary for me to introduce my finger and scratch the internal os three times to overcome recurring attacks of syncope, and each time with an instantaneous response. The hot douche checked the hemorrhage and her recovery was uneventful.

Some time ago I was treating a young, robust farmer in the clutches of that dolorous disease, the grippe. The morning visit showed him apparently progressing favorably. About 11 A. M. I was hastily summoned, the messenger saying they feared the patient was dying. Upon reaching his bedside I found him in a state of collapse. Pulse quick and thready, restless, sighing respiration, cold, clammy perspiration and despairing. Knowing that he had internal piles, and learning that while at stool, being somewhat constipated, he had strained a good deal, I reasoned that the internal sphincter might be causing the trouble, so I oiled my fingers and inserted them into the anus, pushing the piles above the grip of the internal sphincter and dilated as much as I could, when behold! "Richard was himself again." The clouds rolled away, the pulse became slow and full, sighing respiration ceased, a healthy glow pervaded the skin, and where a few minutes before all was gloom and despondency, now took on a cheerful, rosy aspect, and no further trouble was experienced. I am certain that in these two instances no other treatment would have given such certain, quick relief as attention to the sympathetic nerves. These instances might be multiplied almost without number, but are given as simple illustrations that the observing physician and studious physiologist has at his fingers' ends one of the quickest, surest and most harmless means of meeting emergencies that heart could wish.

REPORT OF THE BUREAU OF OBSTETRICS.

- J. W. MEANS, M. D., *Chairman*, Troy, Ohio
"Mechanical and Medicinal Aids to the Parturient."
- J. C. SANDERS, M. D., Cleveland, Ohio
"Decubitus in the Lying-in."
- JULIA JUMP, M. D., Oberlin, Ohio
"The Value of Homeopathic Remedies in Obstetric Cases."

MECHANICAL AND MEDICINAL AIDS TO THE PARTURIENT.

BY J. W. MEANS, M. D., TROY, OHIO.

Nature is not always adequate to accomplish labor. Art is often obliged to interfere. The employment of means to obtain some desired end, which Nature, with all her manifold resources, fails to complete, or bring to perfection, is seen in all the walks of life. The adaptation of things in the natural world by intelligent beings to undeveloped nature constitutes what we call art.

The vegetable kingdom, in all its varied evolutions, from the earliest forms of life to the tall and stately oak, while displaying wonders in growth and form, cannot equal the hand of art as seen in the sculpture and architecture of the masters throughout the civilized nations of the world; nor has nature excelled art in the vegetable world, as seen in the beautiful rose with its rainbow hues, and the luscious fruits developed through the ingenuity of man, by the scientific commingling of pollen and bud. Nature and art are supplements of each other. Wherein can one aid nature is the object of this discussion. During the early stages of gestation we occasionally meet with irrepressible vomiting, causing great anxiety to the patient and friends. Obstetricians of note maintain that they have never known vomiting depending on pregnancy alone to have a fatal termination.

While that may be true, surely the intense suffering and fatigue followed by extreme emaciation should be allayed, if possible.

Even when vomiting is not so great as to compromise the life and health of the mother, it has indirectly a deleterious effect on the child, and in many instances abortion follows.

Guernsey says, for the cure of the above condition, give the indicated remedy; from the Allopathic *bolus* to the *70 M. Finke*, the pons asinorum stretches, and the medical profession has followed the echo from butment to butment in the vain effort to find a specific for this troublesome affection. You might as well try to suppress vomiting of this character with medicinal agents, as to set a broken bone with potentized remedies. In three instances, in fact all the

serious cases I ever had, my remedy was this: First, introduce a speculum into the vagina, bringing well into view the mouth of the womb. Then, with a Palmer dilator, carefully introduce into the uterus, just far enough so that the internal os can be gently dilated, it may need but little; relief will follow. The terminal fibers of the inner ring need resting, and this is the only way known to man to do it. There is less risk to mother and child in this procedure than to allow nature to take its course, or the obnoxious practice of drugging.

The next important subject that will confront you is preparatory treatment. Have we any parturient facient? In my experience cimicifuga Rac. 3^x Trit. given *morning* and *evening* during the last two months of gestation will aid materially in shortening labor. It gives vigor and tone to the expulsive efforts of the womb. The physical effect on the patient is beneficial. The forebodings of evil and dejected feeling are generally dissipated. Confidence is restored and the nervous system vibrates rhythmically and harmoniously. When summoned to a case of labor, after satisfying yourself that the pains are not spurious, yet not progressing as rapidly as desired, add ten drops of the fluid extract of gelsemium to one-half tumbler of water, and give a teaspoonful every five or ten minutes; the pains will become more regular and dilatation of the os will as a rule rapidly follow. Also carry the forefinger to the mouth of the womb and sweep it around the os, thus arousing more vigorous contractions of the longitudinal fibers. When the bag of water protrudes perceptibly at each pain, and the head recedes when the pain ceases, rupture the membrane, as the fluid acts as a mechanical obstruction and hinders the foetal head from being compressed to fit the contour of the pelvis.

A short lull frequently supervenes, and tired nature conserves her forces for the final struggle. At this stage the vagina and perineum should be well lubricated, and lard is superior to all other lubricants. If, after an hour of severe labor, when the womb is fully dilated, no progress seems to be noticeable, what reason can anyone give that the parturient should suffer longer without aid which is within the power of every physician to furnish? If the presentation be normal and the trouble lies in the

upper strait, the long Hodge forcep carefully adjusted to the presenting parts, and traction applied during each pain only, the vis a fronte, plus the vis a tergo, will soon carry the child into the lower strait. The forceps should then be removed and nature's forces allowed to complete the parturient act, if possible. But if delay is manifest the small, short forceps should be applied and delivery terminated.

When the head has passed the lower strait, and compresses firmly against the perineum, the pains should not be encouraged, but the patient should be instructed to exhale instead of hold her breath, as she seems disposed to do. By this method you will often prevent a serious rupture of the perineum. Relaxation of the muscles will follow continual pressure of the head, and it is only by retarding the progress of the head by relieving the power from behind, and firm pressure against the perineum by the hand of the accoucheur, that a complete rupture does not follow in many cases.

The once popular theory advocated by a majority of teachers of obstetrics, and, I am sorry to say, advocated by a great many teachers of today, that a teaspoonful of ergot fluid extract should be given as the head presents at the lower strait, to insure contraction of the uterus and prevent post-partem hemorrhage, has been the cause of 75 per cent. of all the ruptures of the cervix and perineum.

It is to be hoped that the close of the nineteenth century will witness the overthrow of this pernicious doctrine that has caused untold agony and irreparable damage to scores of generations.

Chloroform is an agent capable of doing much good, and also much harm. It is not indicated in all cases of labor, any more than aconite is indicated in all cases of fever. Neither is it needed in the majority of cases. It is in the first stage of labor, when there is great excitability, that chloroform is especially beneficial, and at the termination of the second stage when we also derive great benefit from its relaxing influence on the perineum.

The shock incident to parturition is measurably allayed by chloroform, and the suffering and delay avoided.

After removal of the placenta, don't be imbued with the idea

that it is necessary to inject into the vagina and uterus an anti-septic solution, which in all probability would be far from being aseptic, but place firmly against the vulva a clean napkin of gauze specially prepared for the occasion.

Cleanliness is next to *Godliness*, and the accoucheur who thoughtlessly or knowingly makes a vaginal examination, without first washing his hands immediately before said examination, should be reported to the health board and publicly charged with being a disease-producer.

If excessive restlessness, give a few doses of aconite. If mechanical injuries, bruises, or contusions, give arnica, and bear in mind the injunction that nature, though is endowed with wonderful resource, art is her master.

DECUBITUS IN THE LYING-IN.

BY J. C. SANDERS, M. D., CLEVELAND, OHIO.

The subject I have chosen for my brief paper may seem too simple to be brought into the deliberations and discussions of so august a body as a State Medical Society, yet I am impressed that its importance worthily entitles it to a place therein, though it be an humble one.

The fact that the lying-in is the culmination period of the entire puerperal process; the period wherein more dangers lower and threaten; wherein life is oftener conserved or lost; wherein the fountains of swift disaster or future invalidism, or future well-being or health more often have their lurking place or source than in any other part of the puerperal history, will ever interest the profession, and will never fail to invite attention to any suggestion, however simple, having for its aim the securing of the greatest possible immunity from the discomforts or perils, direct or indirect, proximate or remote, so prone to wait upon this important period.

I confess my theme is an humble one, and yet I have felt challenged to adopt it by the varied loose and mischievous opinions on this subject we are every now and then confronted with in the perusal of our journalistic literature, and by the logically deduced,

harmful professional ministry to which such opinions must, in the nature of things, give rise.

The main proposition in my brief article is this: That the most comforting and the most natural, and most safe and conservative posture for the lying-in woman is the back posture, with the shoulders and head slightly elevated, and the knees supported in moderate flexion. I will consider the specifications of this proposition in their order.

FIRST—THE MOST COMFORTING POSTURE.

This is true, rare exceptions out, for the reason that the struggle and the suffering of the labor immediately preceding, however brief or long continued, has been with the patient lying on one or the other side, and this is chiefly because any constant back posture in labor is not only discomforting but ill-advised, and should be permitted only as a temporary rest from the tedium of the side posture, for the evident reason that the weight of the gravid womb upon the great circulatory channels of the abdomen, venous and arterial, capillary or any larger vessels, incident to a persistent back posture is not without great risk. No obstetrician of experience will fail to take cognizance of the significance of this peril. The comfort of this change from the side positions to a back posture, even after an average duration, and especially after a protracted labor, is well nigh inexpressible.

SECOND—THE MOST NATURAL POSTURE.

This is self-evident, since it gives ever visceral organ opportunity for full restoration to its most natural anti-gestative position. The kidneys become relieved from capillary pressure and the ureters have now an equal liberty as carrying channels, and the bladder resumes its truly normal expansibility and central position. The colon, ascending and descending, can swing back to their normal line; the transverse colon can glide down from its upward curvature, and so the liver, pancreas, duodenum, spleen and stomach can have relief from their upward push which the gravid womb for the last two months has given them, and the diaphragm can now go down and the heart and lungs regain their long restrained liberty.

THIRD—THE MOST SAFE AND CONSERVATIVE POSTURE.

This factor of the general proposition has special reference to the position in which the emptied womb becomes thereby placed. Immediately after completed labor, keeping its central position, it glides down into the hypo-gastric region, yet riding freely above the plane of the superior strait. In this new position its axis nearly coincides with the axis of the strait; its fundus being lifted forward and upward is made to hug closely the abdominal front by the resistance of the small bowel behind it, its small end slightly indenting the centre of the plane of the strait. This gives the organ an angle of a little less than forty-five degrees downward and backward, and most wisely adapted thereby for the drainage of its local discharges and its membranous and decidual debris down into the vaginal canal for escape at the vulva. This new position and inclination of the womb gives an equal relaxation to the broad and round ligaments. This is an important sequence. No other than the back posture of the patient makes sure of this highly important fact. Notwithstanding the prompt assumption on the part of the womb of this hypogastric and central position as the first process in the step of involution, and the next important step, namely, the continued contraction, clonic and tonic, of the contractile fibers of the organ, by which it becomes gradually ensmalled, the womb continues as an abdominal viscus, for the most part, from all the way from ten to fourteen days, unless the mischievous bandage, or foolishly permitted or ill-advised too early uprisings have prematurely forced the organ downward into the pelvic excavation. This descent of the womb back to its proper position within the pelvis should be scrupulously left to the natural forces, and these are partly the womb's gravity, though this is lightened daily, but chiefly the retraction of the broad and round ligaments, and the utero-vesical and utero-vaginal ligaments, as these recover their tonicity and normal tractive power. Committed exclusively to these benign forces the organ slowly but surely reaches its pristine place and position within the pelvic basin.

Right here I shall anticipate the question most naturally to be asked: Whether I would advise an unrelieved posture on the back

for the entire period of the lying-in? I answer: By no means, for by the expiration of twenty-four hours after delivery the patient may be permitted to be lifted over to a semi-lateral or a full lateral posture for a little time, and once or twice in every twenty-four hours thereafter, but never fully over on either side, unless the womb is surely supported either by the hand of the patient, or better, as less fatiguing, by a delicately adjusted cushion or small pillow, so that the womb shall not be permitted to fall away from its central position in the abdomen, as it is prone to do, and surely will do, if not thus supported. Right here may be urged the potent criticism, and which is chiefly the object of this paper, on the irritational counsels and suggestions we often meet with in our medical journals, to the effect that to avoid uterine displacements, so common sequelæ of parturition, the patient should not be permitted to take the back posture, and should be advised to take, during the continuance of the lying-in, the one or the other of the lateral positions. The chief proposition in the advocacy of the back posture is that it secures the greatest possible protection against these adverse issues. This is true because it insures not only the best possible drainage of the local waste and an equable immunity to the ligaments above mentioned, especially the broad and long, from the drag and strain that inevitably must be put upon these structures incident to either side posture. When the womb rides over the left, incident to the left side position, it must drag upon the right round and right broad ligaments, and conversely when in the right side position it must equally drag upon the left round and broad ligaments, and this, too, at the critical time when they are in the process of restoration to their anti-gestative tonicity. These delicate structures should have this immunity so long as the dome of the womb rides appreciably above the plane of the superior straits. After the womb has made its descent into the pelvis, the back posture I have so insisted upon up to this time can be freely intermitted with the lateral positions as may be agreeable with the comfort and wishes of the patient. In this connection I will add that if there is in the history of the patient any trend toward, or suspicion of, retroversion or retroflexion of the womb, this will be an opportune time to begin postural treatment

for its correction, the chief factor in which is to have the patient take the chest and knee position, as she may be able to do this, statedly once or twice daily, even to some weariness, and on until her convalescence. This postural treatment will relieve greatly the traction on the round ligaments and give them the better opportunity to recover their normal force upon the fundus of the womb. The failure to regain these forces will surely entail a persistence of this most unfortunate displacement, and inevitably make the patient dependent for any degree of comfort on some form of artificial support.

For this time, that is, by the expiration of twenty-four hours after completed labor, as a temporary relief from the back posture, the patient should be permitted and advised, duly assisted, to take an upright sitting posture on a urinal or commode, and this with a double motive, first the voluntary evacuation of the bladder, and second the evacuation on the part of the vaginal sheath of whatever clots or membranous shreds or decidua debris may have accumulated there. There are two possible conditions which must unfailingly bar this upright posture, however otherwise desirable. One is any considerable hemorrhage that has occurred, the other is any special exhaustion or shock that has waited on or followed the labor. These uprisings should be persisted in once daily right on until completed convalescence.

These temporary lateral positions, and these temporary uprisings furnish ample opportunities, which every nurse should take advantage of for either dry or moist massage of the entire back area from the occiput down to the limit of the sacrum. The moist massage, which I most favor, is with equal parts of alcohol and boiled water of a full blood temperature, and carried by the damped hand of the nurse. Some patients prefer the dry and some the moist, but either is exceedingly comforting and helpful.

I think I may add that in all cases of convalescence from the lying-in, and especially in those women who have the history or a recognized trend to uterine displacements, the chair in which they take their sittings should be rather straight backed, and especially that the rocking chair, as a rocker, should be religiously avoided and forbidden, for the rocking chair, as in ordinary use, is an

abomination to any lying-in woman's convalescence. There is another suggestion equally pertinent—that the lying-in convalescent should never hold her babe or other child, sick or well, resting on her abdomen, but either down upon her thighs or up in her arms and against her chest.

THE VALUE OF HOMEOPATHIC REMEDIES IN OBSTETRIC PRACTICE.

By JULIA CHAPIN-JUMP, M. D., OBERLIN, OHIO.

When engaged in advance to attend a case of labor, I take the patient under my special care, advising her as to dress, diet, exercise and hygienic living in general. No medicine is given unless indicated for her own good, or for the welfare of the babe. She is requested to see that the bowels move freely every day, and that the action of the kidneys is normal; otherwise she is to report to me at once. Usually the first mal-condition for which we are asked to prescribe is morning sickness. Regiminal treatment will avail much here, and such remedies as coccus, ipecacuanha, nux vomica and many others may be indicated.

Albuminuria may appear early, in which case apis, cantharis or mercurius corrosivus will probably correct the trouble.

It is not wise to give routine treatment to every patient before parturition; macrotin, caulophyllum, or pulsatilla 3^x are not indicated in every case.

In preparing a primipera for labor, no medicine is given unless for some reason it is indicated.

When there is reason to expect a difficult labor, the indicated remedy should be carefully selected and given during the last six weeks of gestation. No one remedy is applicable to every case. During labor, if all goes well, no medicine is given.

Sometimes we find the parts dry and exceedingly sensitive, with little or no dilatation. The woman's face may be flushed, eyes brilliant, and there may be headache. Belladonna will be the remedy.

If the patient be irritable, cross, cannot speak a civil word, chamomilla will relieve the nervous irritation and make her happy.

When labor has been severe or protracted, and the woman says that she is tired and weak and can do no more, China will work like a charm in giving her strength and courage.

Should the pains grow less frequent or weaker ; or if the pains be strong and regular, but for a long time no progress is made, give caulophyllum in solution every fifteen minutes for one hour; then lengthen the interval. This remedy will work wonders in a severe or protracted labor, and will not injure the babe.

For persistent nausea and vomiting ipecacuanha is indicated.

When the pains run from the os upward and seem inefficient, gelsemium will relieve.

For a retained placenta belladonna or caulophyllum may be indicated.

After the completion of labor, unless there are marked indications for some other remedy, arnica should always be given.

Belladonna, caulophyllum, coffee, or gelsemium may be needed when the after-pains are severe or long continued. It is better to give only arnica for the first six hours.

In case of post-partum hemorrhage carefully individualize the case and select the indicated remedy. China, ipecacuanha, caulophyllum, erigeron or secale may be needed.

During the period of lactation, should mastitis set in, give aconite during the chill. Follow with bryonia if the breasts are hard and painful. It will usually cure. Should the breasts be red and sensitive, with red streaks running from the nipple toward the circumference, belladonna will be the remedy. If the mammary gland be full of hard, painful nodosities, phytolacca will meet the case.

If there be ulceration of the mammae, with fistulous openings, phosphorus may be the remedy. Graphitis may be indicated. Allow me to quote a few cases from my obstetric record, showing the value of pulsatilla. All cases are recorded as soon as dismissed.

CASE 9. Mrs. T. called me at 8 A. M. I found her suffering from general pelvic pains. The long axis of the uterus was transverse—everything out of reach, with dilatation well advanced. At that time my faith in the potency of remedies in labor was very weak and faltering. I waited many hours for nature to correct the position, then gave pulsatilla, but it was too late to effect version,

and I had my first shoulder presentation. The right hand came down. Under chloroform pedallic version was made, and the patient was delivered of a fine boy.

Had pulsatilla been given as a preparatory medicine, or even when I was first called, it might, with the help of nature, have changed the presentation to a head or a breach.

CASE 13. Mrs. D. R. B. called me several hours after labor began, as I was near, and the pains were slight and irregular.

On examination I found some dilatation, but the long axis of the uterus was transverse and everything out of reach. I made several calls, and on returning found that no progress had been made. A solution of pulsatilla—ten drops in half a glassful of water—was prepared and a teaspoonful given every fifteen minutes. Taking a paper I tried to divert my mind by reading. My anxiety was intense. At the end of a hour an examination showed a change in the direction of the long axis of the uterus. Version had begun. By force of will I compelled myself to wait an hour before making another examination. I then found the vertex presenting and the labor terminated naturally.

CASE 25. Mrs. C. M. notified me at 6 P. M. that she had been sick since 6 A. M., but, as the pains were not severe, had not thought it necessary to call me. I went to her at once. On examination found some dilatation, but the long axis of the uterus was transverse. Pulsatilla was given in solution, ten drops in ten teaspoonfuls of water, the dose being one teaspoonful every fifteen minutes. At 9 o'clock the family and nurse were advised to retire for a little sleep, as they would not be needed till after midnight.

The patient had retired, and a couch in her room was prepared for me. I gave the pulsatilla every fifteen minutes till 11 o'clock, then advised the patient to try to sleep, and took my couch.

Sleep soon came to me, from which I was awakened about 1 A. M. by a groan from my patient. A terrific pain had seized her, and when I reached her bedside there was a marked change in her form. She told me that the pain had wakened her, and that she could feel the child changing its position.

On examination the vertex was found presenting, and at 5 A. M. she was delivered of an eleven-pound boy.

I am convinced that pulsatilla aided nature in each of these cases to make the desired version. In every case where I have given pulsatilla early the vertex has presented in time.

When, in case of a multipara, I find that the preceding children have suffered from any dyscrasia, remedies are given to correct mal-conditions and secure a healthy child.

Homeopathic remedies never fail me in correcting abnormal conditions during gestation, parturition or lying-in.

Adjuvants are used, but they do not come within the province of this paper. I have yet to lose my first obstetric case, and I attribute my success, in a great measure, to the use of Homeopathic remedies. As the years go by my faith in them is strengthened. I not only believe in their use, I *know* their value.

Since beginning the practice of medicine I have never found it necessary or desirable to go outside of the remedies of our school.

REPORT OF THE BUREAU OF PÆDOLOGY.

G. D. GRANT, M. D., *Chairman,* **Springfield, Ohio**
"An Interesting Case."

C. D. CRANK, M. D., **Cincinnati, Ohio**
"Is It All a Fad?"

S. R. GEISER, M. D., **Cincinnati, Ohio**
"Sterilized and Pasteurized Milk as Infant Food."

AN INTERESTING CASE.

BY GEORGE D. GRANT, M. D., SPRINGFIELD, OHIO.

June 27, 1894, I was called to see Deane D ——, aged seven years, who was suffering with severe pain in right shoulder, stiff neck, and head drawn down to right shoulder; could not be moved without great pain. Temperature 104.5 at first visit, 4:00 o'clock P. M., and only slightly less next morning, but normal by night of the 28th, with alleviation of pain and tenderness. Was up and dressed next day, and, with the exception that he seemed stiff in his legs, could get about quite well. The peculiarity was that when lying down he could not bring his legs to the mattress without help. His heels touched, the knees were up, but could be pressed down without pain. This disappeared at the end of ten days, and a paralysis of right arm developed, which continues to this day. Atrophy of deltoid and biceps showed in three weeks. The paralysis only involved the flexor muscles of upper arm. For some months the forearm muscles were weak, but soon improved to the extent that he could carry quite heavy weights. I have seen him carry a peck of peaches with ease. His general health continued to improve, and to all appearances he was perfectly well, except for this arm that swung at his side. He was an unusually bright boy, very active, and small boned. Had twice broken his thigh bones—the first time his left one by a whirl while frolicking on a bed, producing an oblique fracture in the upper third, and resulting in perfect union and no shortening. Eighteen months after, while riding with his father on a safety, the handle was thrown around by a sudden slip and struck his right femur, breaking it. This, after six weeks, united, with no shortening.

No history of a fall or injury in this last case could be found, and of course, after the development of paralysis, there was no doubt as to the cause of it.

I could give no encouragement to his parents, and my search for help only made matters worse, for all writers differ on treatment; and between the different forms of electricity, and no electricity, as different authors recommended, and the hopelessness of any and all forms of treatment, I recommended that they consult any one they chose. They have consulted with Drs. Bayard

Holmes, D. R. Brower, and W. H. Burt, of Chicago ; Drs. Hamilton and Kinsell, of Columbus, Ohio ; Dr. Hawley, of Cincinnati ; and Dr. O. S. Runnells, of Indianapolis, who promised if anything could help him a circumcision and some rectal work would, and performed both operations. His condition now, quoting his father's words, is : " His general health is first rate, nerves steady and strong, appetite regular and strong, and sufficiently ravenous. The extensor muscles are in normal condition, while flexor muscles of upper arm are slightly improved. The bones of this arm are fully maintained in size and length in comparison with his other arm."

No history of an injury, not over thirty-six hours of fever, and yet sufficient destruction of tissue to produce this paralysis, and two years have not brought much gain in the use of the arm, making an attack of "acute polio myclitis," a disease much to be dreaded ; and, from all authorities, not much can be done to help those who may be attacked.

It would be easy to quote figures and facts bearing on diagnosis and prognosis, but for treatment I have found little or no help, and hope to hear in a discussion remedies suggested that may shorten the inflammatory stage and leave less liability to the resulting paralysis.

IS IT ALL A FAD ?

BY C. D. CRANK, M. D., CINCINNATI, OHIO.

For many years the medical fraternity has been hard at work endeavoring to find a sufficient cause or explanation of the more frequent sickness and greater mortality attending the bottle-fed infant. The fraternity finally reached the almost unanimous opinion that it was owing to the caseine of the cow's milk, as regards both quantity and quality. The manufacturing chemist, quick to anticipate the necessities of the medical profession, responded to the occasion, and a reign of "peptonizing," "pre-digesting," and "humanizing" followed, until the profession almost came to believe that breast milk was a "superfluity"—a superabundance of nature's good things—and that the chemist had solved the great problem of infant dietetics.

But the babies continued to sicken and to die ; other changes were made from time to time " modifying " both constituents and properties until we possessed what claimed to be a physiological equivalent for human milk. And yet there was no decrease in the amount of sickness and the same fearful death rate continued to stand as an appalling witness against the " substitute."

One fine morning we were awakened from our dissappointment by the cry of " Eureka—Eureka ! there are germs in the cow's milk."

The germ theory was being rapidly accepted as an all-sufficient explanation for morbid conditions, and it was at once seized upon as the logical solution of the infantile feeding problem.

The chemist was relegated to the rear, and " peptonizing," " pre-digesting," and " humanizing " lost their euphonious sound. " Sterilization " became the word. Every progressive physician sounded it in the nursery, and no public institution was complete without its sterilizer. Our medical journals contained sterilizer advertisements on one page and an editorial on another replete with statistics confirming the wonderful efficacy of the process, and exhibiting greatly reduced mortuary rates in public institutions. Why is it that enthusiasm which attends the first application of every newly discovered principle tends to exaggerate the desired results ?

The sterilizer sterilized—there was no exaggeration about that ; but the destruction of the bacteria was not followed by the happy results claimed, and which the profession had reason to expect.

" What could the matter be ? "

Pending the solution of this question the sterilizer went out of the window to join the " peptonizer," the " humanizer," " pre-digestor," and other infallibles.

The sterilizer craze was followed by a line of rational research, when it was found that the process of sterilization, which necessitated a temperature of 212° F., so altered the quality and constituents of the milk as to render it unsuitable for infant digestion ; that the process of germ-killing involved the life of the infant as well as the life of the germ.

What a sad awakening !

But it was still claimed by some that the principle involved was the correct one. But to overcome or provide against the deleterious effect of the high and continued temperature upon the milk was an insurmountable obstacle. The chemist, who seldom fails to successfully respond to the call of the medical profession, was of no avail in this emergency. He kindly offered innumerable substitutes in the way of patent baby foods, all of which received the usual indorsements of the doctors, and were largely employed by them.

The truly faithful were more closely cultivating the acquaintance of the ubiquitous microbe, and were pleased to discover that in this instance its genius and power had been greatly overestimated ; that we had been fighting this devil with too much fire ; that a temperature of not more than 140° to 160° , and then quickly dropped to a temperature of 50° , was sufficient to paralyze all ordinary germs, bacteria and bacilli that were at all inimical to infantile health and life ; and that this degree of temperature would not alter the gastronomic, chemical or nutritive properties of the cow's milk. Wonderful discovery !

But the old term, "sterilization," was no longer a word to conjure with. We must give the improved process a new name, and so the low-down method was called "pasteurization." It was not received with the same eclat as was its predecessor. Not that they had any fears of bacteria, which might not have been paralyzed at a temperature of 140° , but because the nursery had lost faith in the bacteria business altogether.

And now comes Leeds with a claim that we still overrate the destructive influence of the unseen enemy ; that a temperature of 160° is unnecessary for ordinary use, adding "that the whole tendency of the labors of those engaged in improving the quality of the milk supplied by dairies for infant feeding is to a lower temperature."

The very latest statement is that no degree of heat is needed for sterilization, for it can be thoroughly accomplished by filtering the milk through cotton.

Where are we at ?

Where are we coming to?

Is all this a fad?

"Earth is sick and Heaven is wearied of man's inconsistencies," and yet we must be patient with ourselves. It is line upon line, and precept upon precept.

No, it is not a fad. The problem of infant dietetics and nutrition is neither a simple one nor a single one. We are just beginning to grasp a few of the fundamental principles upon which it rests. The experiences to which I have thus briefly referred are but stepping stones marking the progress of the work. It contains a combination of factors of which the kind of food is only one.

Chagrin has followed disappointment, and will continue to do so as long as there is undue enthusiasm over any one factor at the expense and neglect of other factors.

As Rotch has so wisely said: "There will surely be a reaction, which will relegate to its proper place everything built upon single factors of the problem before us."

No—not fads, but healthy reactions which are full of promise and encouragement to the intelligent student of pediatrics.

STERILIZED AND PASTEURIZED MILK AS INFANT FOOD.

BY S. R. GEISER, M. D., CINCINNATI, OHIO.

Unless the physician of to-day approves and applies every new method of treatment, even if that be of too recent origin to have been proven superior to older and established methods, he is in danger of being classed among the old fogies or fossils by enthusiasts on the subject.

Perhaps in no department of medicine has this fact been more clearly demonstrated than in the department of bacteriology. Micro-organisms are the alleged cause of disease.

"There are microbes in the meat,
There are microbes in the bread,
There are microbes in the street,
There are microbes in the bed.

There are microbes all about,
Safety from them is in vain,
And will be, beyond a doubt,
While we've microbes on the brain."

These little destroyers of the peace of the human economy are the objects of combat, not only in the human organism, but in the food as well. Water is filtered and boiled for the adult, and cow's milk is sterilized or pasteurized for the little ones.

Progression in the practice of medicine is a necessity, yet some conservatism is not to be despised. If, however, the destruction of germs is necessary for the prevention and cure of disease, it is better to destroy them before they enter the human body than afterward.

Jacobi says that nothing has been more successful in removing the dangers of intestinal disorders and the sources of excessive mortality in the last decade than the custom of sterilizing cow's milk. Since this custom was introduced by Soxhlet great hopes were entertained that a suitable substitute for human milk had been found. Its indiscriminate use unfortunately, however, has established the fact that unmodified sterilized cow's milk is not a suitable substitute in all cases.

Since germs of diseases invade the system in other ways than by food, intestinal disorders are not always justly attributable to the nature of food supplied.

Nor are all the bacteria influenced by sterilization. Sterilization, 'tis true, destroys some germs, such as typhoid, tuberculosis, diphtheria, scarlet fever, cholera, and most of the bacterium coli.

Bacteriologists tell us that ærobic bacteria, the hay or potato bacilli found in the dust of stables, require several hours of boiling to kill them. Such protracted boiling is certainly not calculated to benefit the milk. The necessary care to keep the milk free from these bacteria is not taken by dairymen.

Nature destined that the infant should have for nourishment breast milk from its own mother, yet breast milk is not altogether free from germs. Germs have been found in the healthy breast milk after the breast and nipples had been washed with alcohol and with solutions of bichloride. One investigator found the

staphylococcus pyrogeus albus in one-half of all healthy women; another in the mammae of eight puerperal and nursing women. They had evidently migrated from outside, and proved innocuous.

Nor does the entrance of germs depend wholly on ingested food. Germs of disease have also been found in the intestine of the newly born ten hours after birth. This supply is said to come through the mouth with the *bacterium coli*, and through the anus with the *bacillus fluorescens, subtilis* and *proteus*.

Again, the bath, linen, the air and the blood are said to be sources of local invasion. So much is said and written about septic infection or intoxication, due to external causes, that the error is commonly made of supposing there is no danger from within the patient's own body.

In such cases the sterilization of milk would accomplish nothing.

In order to get at proximate causes of intestinal diseases we must go further back than to germ-free foods, viz: to a morbid condition of the epithelium caused by the influence of external temperature—its sudden changes producing intestinal disorders, at least opening the way to many kinds of infecting substances. I mention this as only one of many causes of intestinal disorders.

Again, it has been claimed that typhoid fever does not occur in very young children because they are fed on sterilized milk and boiled water. Why, then, do they die from summer diarrhoea in such appalling numbers, despite the fact that they are fed on sterilized milk?

Milk, as soon as it has been drawn from the cow and exposed to the air, commences to undergo change by absorbing oxygen and giving off carbonic acid from the decomposition of the nitrogenous matter. This sets up fermentative change in the lactine by the aid of the *bacterium lactis*; lactic acid begins to form and causes the coagulation of the casein. The products of these changes of fermentation are highly irritating, and the sensitive reflex apparatus is disturbed by them and vomiting, diarrhoea and other disorders result.

Of course, sterilization stops this fermentative change, thereby preventing souring, and it is claimed renders the coagula of curd lighter and more digestible.

Experience, beyond a doubt, however, has proven that among artificially-fed infants, particularly those belonging to the wealthier classes, where the surroundings are most favorable and the supply of cow's milk is as nearly perfect as possible, one encounters cases of malnutrition verging even upon simple atrophy which are due solely to sterilization of the food, a fact readily established by the rapid improvement following the use of the raw-milk mixtures, either pasteurized or untreated by heat.

Dr. Louis Starr goes so far as to say that alterations produced in cow's milk by sterilization may also lead to the development of the complex of symptoms known as infantile scurvy. The cases under his observation recovered rapidly upon the same food unsterilized with the addition of a small quantity of raw beef juice and orange juice to the diet.

Again, experience has taught us that digestive disorders, such as diarrhoea, constipation and rachitis are frequently produced by the persistent use of sterilized cow's milk. Nor do all children thrive on cow's milk, even when apparently digesting it well. Children who have good constitutions and great digestive powers thrive on cow's milk as usually prepared, raw or untreated by heat.

In fact, some children apparently thrive on almost any kind of food, while for others it is almost a matter of impossibility to find a food that will agree. The real difficulty does not always lie in the inferior nutritive value of cow's milk. It oftentimes lies in the fact that cow's milk is much less digestible than human milk, whether sterilized or raw; then, again, upon inherited neurotic and constitutional weaknesses and environment.

To recapitulate: Cow's milk is not human milk, neither in the raw state nor sterilized. Let us ask, then, wherein lies the good and the harm in the sterilization of cow's milk? Sterilization destroys putrefactive bacteria, changes and drives off tyrotoxicon, one of the poisonous ptomaines produced by these bacteria.

If milk be sterilized chemical changes take place which modify it in a way which pasteurization does not. Sterilized milk, as a rule, is less easily digested than that subjected to pasteurization, still less so than raw milk. Sterilizing the milk coagulates albumen, frees fat to a slight degree, and in consequence the bony structures

may be imperfect and slow of growth, owing to deficiency of fat, and rickets may be the consequence. Sugar undergoes some change, shown by its lessened dextro-rotary power.

There is in milk a ferment capable of rendering starch liquid and assimilable, which is destroyed by sterilization.

Then, again, pasteurization, while completely destroying pathogenic germs and obviating premature acidulation, does not destroy the milk sugar.

The object of this paper is not to unduly decry the use of sterilized milk, but to point out some of the dangers of its exclusive use and to emphasize the fact that sterilization is only one of many preventive measures of intestinal disorders.

REPORT OF THE BUREAU OF SURGERY.

J. K. SANDERS, M. D., *Chairman*, Cleveland, Ohio
"A Case or Two of Appendicitis."

A. S. SCHEBLE, M. D., Toledo, Ohio
"The Renaissance of Surgery."

A CASE OR TWO OF APPENDICITIS.

BY JOHN KENT SANDERS, CLEVELAND, OHIO.

CASE I. Mr. B., aged twenty-one, had a history till within two months very good. He then had an attack of bowel trouble, so called. This kept him in bed two weeks. Then he had an interval of feeling fairly well for three weeks, when he had another attack. He had more acute pain and a good deal of localized soreness in the right iliac region. The acute pain was relieved sooner than the first attack, but he did not recover his full strength when the third attack came on, ten days previous to his entering the clinic.

His temperature ranged from 100 in the morning to 101 8-10 in the evening. Considerable tympanitis, diarrhoea, constant pain in the right inguinal region, which was considerably swollen. He was unable to carry his right leg into full extension. Tongue heavily coated with yellow paste and bright red tip and edges.

A diagnosis had been given of typhoid fever, and he was placed in the hospital with that idea. After being there two days I was asked to examine him and found what I diagnosed as appendicitis. I operated January 9, 1895. The abdominal walls were excessively thick, with unusually large amount of adipose tissue.

The ordinary oblique incision was necessarily increased by another incision at right angles. There was a large mass of adhesion of the omentum and several coils of the small intestine around the cæcum and appendix. The adhesions were broken up and the appendix amputated. When all oozing was apparently stopped, we started to sew up the wound, when the patient showed symptoms of collapse. Artificial respiration was, with difficulty, kept up for some time, the patient being so large and excessively fleshy. Not responding to restoratives, the peritoneal cavity was flooded with three quarts of normal saline solution at blood heat. The patient finally rallied and the incision was closed with the mattress suture. Drainage of gauze was left in and a large thick dressing placed. The dressings became saturated in an hour and had to be changed. There was considerable blood mixed with the salt solution which came away, and, as the patient showed symptoms of hemorrhage, the sutures were loosened and two or three bleed-

ing points on the omentum were caught by haemostatic forceps. This was done without anaesthesia, and without any pain to the patient, which showed that the shock was very profound. The sutures were again tied and drainage left in. The dressings were not moist until the end of twenty-four hours, when they were changed and the drainage left out.

The patient did well from that time, and was discharged from the hospital at the end of three weeks.

CASE 2. Miss B., a clinic at the Cleveland University of Medicine and Surgery, September 25, 1895.

History till within a year previous was good. No trouble with menstruation until eight months previous. At that time was attacked with severe pain in the right iliac region and a great deal of pain in the uterus and right ovary during the entire flow, which was unduly prolonged. She was troubled at that time more or less with constipation. This attack kept her in bed for some ten days. At her next monthly she had the same trouble to a much less degree, but in two months she had so severe an attack that she was taken to a hospital, where a diagnosis was made of endometritis and incipient inflammation of the tubes. As soon as she was over the menstruation she was curreted with dilatation and the uterus packed with iodoform gauze.

In due course of time she left the hospital, but, in spite of the operation, at each menstruation she had about the same history, except that the pain was more confined to the right iliac region and the period of constipation more prolonged each time. When she entered the clinic she was nearing her monthly ; tympanitic ; very much distended, severe colicky pain in the right inguinal region. An ill-defined tumor presented itself in this locality ; constipation for two days previous ; temperature ranging from 100 in the morning to 103 in the evening. Under chloroform examination per vaginam and rectum disclosed an ovoidal-shaped tumor, dipping down into the right iliac region, involving the right ovary and apparently attached to the right broad ligament. A diagnosis was made of a chronic recurrent appendicitis. Her friends and she demanded an operation at whatever risk, in view of her suffering. The following day an oblique incision was made an inch to the

right of McBurney's point. On cutting into the peritoneum extensive adhesions of the omentum and bowels were found. The omentum was attached to the right and back portion of the cæcum, and the appendix vermiciformis was imbedded in folds of the omentum and bound down by adhesion to the right ovary, and adhered for some little distance along the right broad ligament. In breaking up the adhesions a small sack of pus was broken into, and with considerable difficulty the appendix was removed. The right ovary was so irritated by the inflammation surrounding it that it was deemed advisable to remove it. Fortunately the pus from the sac did not contaminate very much of the peritoneum, as the field of the adhesions was carefully separated from the general peritoneum by packing of iodoform gauze. The oozing, which was general at first, was stopped by the pressure of the gauze, and the abdominal opening was closed without drainage.

The incision was necessarily very long, and, as there was considerable adipose tissue, the mattress stitch, which I first saw described by Marcy, was used, the suture material being kangaroo tendon.

The patient made an uninterrupted recovery; menstruation was not established until one week after the operation, and came on without any discomfort. The patient was discharged from the hospital in the fourth week, and since that time has had no return of dysmenorrhœa.

CASE 3. Miss K., aged 19. A clinic at the Cleveland University of Medicine and Surgery.

A good history until within a year. At that time became pregnant. In the latter months of gestation was accused of being pregnant, but denied the possibility even after labor, which came on while she was doing heavy washing. She left the wash-tub, went to her room, was delivered of an eight-pound male child, left him and the after-birth in the vessel, and then within a few minutes returned to her work. Even after the crying infant was discovered in her room she denied that she had anything to do with it. She did not go to bed at all and kept at her work. For two or three months she had no particular trouble with the exception of a broken breast, until within a few days of her coming to the

clinic. At that time she had a temperature of 104, excessive tympanitis, great soreness and tenderness all over the bowels, and persistent diarrhoea. A diagnosis was made of threatening peritonitis. The next day her temperature was no lower; pulse 100. She then gave the history of a fall on her back some three days previous, at which time she felt something giving away, as she expressed it. The greatest point of tenderness was in the right inguinal region; there was also a decided swelling on the right side. Examination per vaginum disclosed a badly lacerated perenium and extensive laceration of the cervix uteri. The uterus was in a state of sub-involution. A mass occupying the right inguinal region could be mapped out, and by examination per rectum could be moved apparently without affecting the broad ligament or the uterus. It seemed as if fluctuation could be made out. A guarded diagnosis was given and a laparotomy was advised. The next day, October 4, 1895, a three-inch oblique incision was made over McBurney's point. On opening the peritoneum several loops of the small intestine and the cæcum crowded into the opening and were reduced with some difficulty. The mass that was mapped out proved to be a mass of adhesions of the omentum and small intestine surrounding an inflamed and suppurative appendix. The adhesions were very easily broken up, with scarcely any oozing, and the appendix was amputated. The omentum was adhered to the cœcum near the attachment of the appendix and very much thickened and almost gangrenous. It looked so bad that about two square inches was amputated.

The incision was closed with mattress sutures. The sutures were all placed, but upon being tied two of them broke, showing some defect in the preparation of the kangaroo tendons. This necessitated replacing them with silk-worm gut. In spite of the delay, however, the patient rallied well. On account of the condition of the omentum, a drainage of iodoform gauze was left in the peritoneum.

There was a considerable discharge of serum the first twenty-four hours. There being much less oozing, the drainage was taken out and the sutures tied the second day.

She made an uneventful recovery and was discharged at the end of the fifth week. She menstruated during the time she was in the hospital.

Three months afterward she again applied as a clinic. She said that she had had no return of menstruation; complained of severe pain in the left ovary and uterus. She was placed under chloroform, and on examination a mass, ovoidal in shape, about two inches in its longest diameter, occupying the site of the left broad ligament, was made out. In view of her recent laparotomy, dilatation of the cervix and curettage was suggested, with an attempt to drain the left broad ligament and tubes through the uterus. On dilating and cureting, however, what appeared to be a well advanced foetus and decidua was removed. The womb was packed with iodoform gauze. The second day, after considerable pain, on removing the packing, there was a profuse discharge of pus with instant relief from pain and a lessening of swelling in the left broad ligament.

With occasional uterine douches she did very well, insomuch that she was on her feet in two weeks, and had made all preparations to leave the hospital the next day. She was suddenly taken with pain in the left side of the pelvis, with a sudden rise of temperature. The pain was so severe that it could not be controlled with heavy doses of morphine. Another attempt was made to make better drainage through the uterus and without success. She grew rapidly worse and developed symptoms of peritonitis, which came on so rapidly and so severe that a second laparotomy seemed justified.

A median incision was made and a pyosalpynx was found, and fastened to the wall of the cyst was the edge of the omentum, where a portion had been amputated at the operation four months previous. This caused a dragging down of the omentum with a considerable tension. This was with considerable difficulty liberated. An attempt was then made to remove the ovary and tubes, but at this stage the patient showed such symptoms of collapse that the operation had to be abandoned, and all efforts made to resuscitate the patient. After the incision was closed the womb was again thoroughly dilated, and what was apparently a good opening made

from the womb into the sack distended with pus. Drainage of iodoform gauze was left in the abdominal wound for three days, and then removed and the sutures brought together.

The recovery was very slow from this operation, but the packing was kept in the womb and removed daily and with a great diminution in the discharge of pus. Some two months from her second entry into the hospital she was discharged.

What seemed to be a stitch abscess formed at the first abdominal incision a week or two weeks before she left the hospital.

Within the last two or three weeks I have examined her and can find no trace of the lump in the left broad ligament. The womb is coming down to almost normal in size. She seems in a fairly good state of health, with the exception of the train of symptoms that would naturally follow an excessive laceration of the perineum and cervix.

CASE 4. Mr. S., aged twenty-three. Family history good. No sickness since the general run of children's diseases in early youth. Four months previous was thoroughly wet a whole night while camping out. Developed a case of diarrhoea which lasted some two or three weeks, when he came into the city; then was under a physician's care, but did not improve. He called another physician who diagnosed his case as typhoid fever. He had a run of fever of six weeks. He had days of constipation in alternation with days of diarrhoea. Was kept on a restricted diet and went through a course of drugs with a gradual tendency to recovery. During this entire time he had more or less pain, which was referred principally to the right inguinal region.

He lost a great deal in weight, and when able to be out and at his business was feeling miserably. At this time he contracted a case of gonorrhœa, which he claimed was his first offense. He relied on drugstore prescriptions and used a powerful injection during the acute stage. Some two days after he was attacked with sharp pain in the left testicle and right inguinal region, with a total suppression of the discharge from the urethra. I was then called. By examination I found a pronounced epididymitis of the left testicle and also found that the right testicle had never descended into the scrotum. The right inguinal canal was somewhat swollen

and indurated, but no trace was found of the testicle in the canal.

He was so sensitive over the abdomen on the right side that no examination could be made without an anæsthetic. With bi-manual examination per rectum and over the abdomen an ovoidal-shaped mass could be felt, six inches in its longest diameter, somewhat nodular in character, in the right lower portion of the abdomen and dripping down into the pelvis. Slight fluctuation seemed present. An operation was advised on a diagnosis made of acute suppurative epididymitis or orchitis of a non-descended testicle. After one more day of most intense pain, which could hardly be controlled by morphine, consent was given for an operation.

On December 11, 1895, an oblique incision was made in the right inguinal region. On cutting through what was supposed to be the peritoneum, at the lower end of the two-inch incision, I struck a pocket of pus, which gushed out in a considerable quantity; there must have been several ounces. There were considerable shreds of connective tissue, some of them almost cheesy in consistency, half an inch in diameter, and stringy. I then decided—as it seemed to be outside of the peritoneum, or at least in a cyst walled off from the general peritoneal cavity—to put in drainage and defer further operations. I put in a loose packing of iodoform gauze and put in the sutures without tying. He rallied well from the operation and had no pain on regaining consciousness. The wound was dressed daily, the packing removed and repacked at each dressing with narrow strips of iodoform gauze put in very loosely.

Immediately afterward the perineum and penis, which was of unusually large size, were kept in compresses of a weak solution of hot bichloride of mercury. On the second day the urethral discharge was re-established. The urine was rendered alkaline by acetate of potassium and the urethra was injected once daily with a 1-4000 solution of nitrate of silver. A microscopical examination was made of the pus coming from the wound, and Geissler's gonococci were found in much of the pus.

For ten days the patient did very well. Temperature normal in the morning and below 100 at night. At that time he contracted

a cold, through the carelessness of the nurse, which ushered in an annoying cough. Before the cough could be allayed constant irritation had started up the pain again in the region of the wound, and on the third day after the cold he had a decided rise in temperature. The discharge, which had been a creamy pus up to this time, and very little in quantity, increased and became quite sanguinous.

Two weeks after the original operation there were symptoms of peritonitis so threatening that a second operation was consented to. The wound was thoroughly washed out with 1-1000 bichloride solution and then irrigated with several quarts of sterilized water, and then dried as much as possible with loose strands of iodoform gauze. The incision was then carried up two inches higher and a T-shaped opening made by a short incision at right angles at the middle line.

The upper end of the cyst was formed by the lower end of the cæcum. The appendix was on the inner and under side of the cæcum and adhered its entire length. It extended about an inch into the cyst itself and there merged into an ovoidal-shaped body about the size of a testicle. The adhesions were broken up, the appendix removed, together with what proved to be a testicle. There was plastic adhesions in a great many coils of the small intestine and considerable effusion in the peritoneum. The adhesions were broken up; the wound was sutured with the mattress stitch and brought together in its entire extent except the lower inch of the opening. Here a large packing of iodoform gauze was left.

There was considerable discharge of serum for two days, after which the packing was removed and the sutures tied.

The recovery from this operation was very slow. Several times the patient showed signs of collapse at the times of movements of his bowels. The stomach was exceedingly irritable for two weeks, and his principal nourishment was per rectum. The discharge from the urethra in the meantime had gradually diminished and was entirely stopped. It was finally discovered that the only nourishment that the patient could take, which did not develop discomfort in the way of pain sooner or later, was fresh beef juice. This

he stood in considerable quantities for two weeks without any unpleasant effects on the urine in the way of anything more than a slight trace of albumen. Eight weeks afterward he was discharged. He was sent to Bermuda a month afterward. While there he picked up and improved rapidly, but always with a discomfort in the right side of the abdomen when standing erect.

At the present writing he reports a condition about the same the last two weeks; not able to go to work yet, but walks around, and the only symptom locally is a slight tendency to chordee. He is eating mixed food with good appetite, but always with pain some little time before a stool.

CASE 5. Mr. J., age twenty-eight. December 13, 1895.

Seen in consultation at Erie with Dr. T. B. Drake, of that city. A diagnosis had been made of appendicitis and operation advised. The case was very unusual; there were absolutely no symptoms of discomfort until within fifty-three hours. Fluctuation could be detected. The appendix was removed without much difficulty, although a sac containing an ounce of pus was ruptured. Again the iodoform packings seemed to save from any peritoneal infection. About an inch from the opening of the appendix into the cæcum was an enterolith $\frac{5}{8}$ of an inch in its longest diameter, about $\frac{3}{8}$ of an inch in short diameter. It was so hard that on striking it with the blade of a knife I thought it was a cherry stone; but with considerable force I could cut through it and found layer after layer of earthy deposit, around what might be a raspberry or blackberry seed. The appendix had ulcerated on one side where the enterolith was enpacked, and the thin end of the appendix was almost gangrenous. The pus was encysted by three loops of the small intestine and the omentum. On account of considerable oozing from the adhesions, drainage of iodoform gauze was left in twenty-four hours. Dr. Drake then removed the packing and tied the sutures together. In this case the mattress suture was used of silk-worm gut, and the stitches were removed on the tenth day. He made an uninterrupted and unprotracted recovery.

CASE 6. Mr. B., aged forty-five. Had a history of two attacks of sub-acute appendicitis within four months. When first con-

sulted he was showing symptoms of peritonitis, with a well defined tumor in the right inguinal region, excessive tympanitis, temperature 101, pulse 110 and weak. Had had constipation for three days, followed by profuse diarrhoea for the previous three days. An immediate operation was advised, but declined, until the patient became so much worse on the second day following January 25, 1896, that he permitted the attempt to save him, as the symptoms by that time were much worse and there were grave fears of perforation. There were very thick abdominal walls, with a great amount of adipose tissue, so that a T-shaped incision was made at once. The appendix was in an unusual position, being so far back and at the outer side of the cæcum as to make it very difficult in removing. There was a large amount of effusion in the peritoneum, and the distension of the small intestine and cæcum was so great that he was almost disemboweled twice during the operation. About three ounces of pus was removed with a very rotten appendix. On account of the large amount of effusion the iodoform drain was left in place. During the first twenty-four hours the discharge was so large that he saturated very bulky dressings and wet his bed pretty thoroughly. Repacking again at the end of twenty-four hours was followed by diminution in the amount of serum so that the drain was left out the third day. Here also the mattress sutures were used of silk-worm gut.

He made an uninterrupted recovery and was discharged from the hospital at the end of three weeks.

CASE 7. Mr. B., aged thirty-eight. Family and previous history good. On September 22, 1895, started in with all the characteristic symptoms of acute appendicitis. On the fourth day saw the case; advised an immediate operation. After a frank discussion as to the chances with expectant treatment and operation, he and his family decided to treat expectantly. There was excessive tympanitis and characteristic swelling and localized tenderness. Hot turpentine stoops were kept on the abdomen for four days. Leeches were applied about at McBurney's point and over the region of the cæcum. The bowels had reacted from their first few days of constipation and were slightly diarrhoeac in character. He was kept on small portions of milk and gruel, repeated at fre-

quent intervals. He gradually grew worse. On the sixth day fluctuation could be made out. On the eighth day all the symptoms seemed to be a little better, and on the evening of the eighth day there was a sudden diminution in the size of the abdomen and three hours afterward he had a stool containing about four or five ounces of pus. Tympanitis diminished, all the symptoms lessened in severity, and at the end of ten days from this time he was about convalescent.

He gradually got around to his business and came into my office six weeks after the original start of the attack and reported himself an absolutely well man.

That night, to celebrate his recovery, he indulged in a very hearty dinner with considerable stimulant, and amongst other things ate some lobster. The next morning I was called and found him on the high road to another attack of appendicitis. A brisk saline cathartic was given, and later on a purgative enema was given, which started several profuse stools. I applied leeches and afterward put on an ice bag over the region of the cæcum. The ice bag seemed to relieve the pain almost immediately and he rallied apparently without formation of any pus. He was in bed with this attack ten days and then went again to his business.

Two months from this time, while out on a trip in the west, he had a similiar attack. His wife was sent for, and from her I learned that the line of treatment was about the same as that carried out at his second attack. The case, however, grew much worse, and finally was so desperate that he was operated upon by a surgeon from Kansas City. He found a suppurate peritonitis, the sac surrounding the appendix having ruptured into the general peritoneum.

He lived eighteen hours.

CASE 8. Mrs. D., aged thirty-two.

Seen in consultation with Dr. J. F. Rowland, of South Euclid. She had had a miscarriage at the third month. Patient did well till the tenth day, when a sceptic metritis set in, which yielded to treatment, and from which she seemed to be recovering.

Some six weeks after on bi-manual examination a mass was

noticeable in the right inguinal region, dipping down into the pelvis, with considerable tenderness on pressure.

Her temperature began to rise again and she had symptoms of pus formation. Becoming more tympanitic and other severe symptoms coming on, I was called in consultation. On inspection there was a noticeable swelling on the right side, besides the general distension of the abdomen. Bi-manual examination disclosed a tumor as described, with so much tension and also so decided fluctuation going up into the right inguinal region that I made a guarded diagnosis. Either that we had a pyosalpynx which had become attached to the appendix-vermiformis, or else that we had a typical appendicitis with adhesion to the tube or ovary and broad ligament. An operation was advised and was done the following day, March 11, 1896.

It proved to be a case of pyosalpynx with most extensive adhesion of the bowels. There was also a portion of the omentum which dragged down from the right side with so much tension that it evidently lead to the possible diagnosis of appendicitis, it being so tense close to the cæcum that, on examination through the abdominal wall, it gave the impression of an enlargement at that particular point. There was a great deal of oozing, but the tube and ovary were taken out and the opening not closed until all traces of oozing had stopped. No drainage was left in. The patient had symptoms of traumatic delirium before I left, which did not let up entirely in the next twelve hours, at which time her pulse suddenly showed symptoms of collapse, and in spite of all restoratives she died about twenty-four hours after the operation.

'No autopsy was held.

THE RENAISSANCE OF SURGERY.

BY A. E. SCHEBLE, M. D., TOLEDO, OHIO.

It has been our good fortune to witness, during the last two decades, remarkable changes in surgery, both as to methods of procedure and the pathology of diseases; the former springing practically from the latter.

Ancient surgery, unlike other branches of art, struggled onward, subject to the caprice of ignorance and superstition, with epochs of great advancement, as well as periods of retrogression. Even so was it with music, painting, literature, invention, and all the circumstances of the human family. More particularly when considering that art which deals with the maladies of the human body, might we look for this variability. The Bible teaches that the body is made in the image of God, and by sin in the original pair the flood-gates of disaster were opened on us. This would be important, if true; however, it suggests a potent cause for the slow and painful struggle of this art during the dark ages. The history of ancient surgery is interesting only as it brings in striking contrast the old methods of procedure with those which maintain to the present time.

The present era is one of marked advancement, not so much in consequence of original work done, as to the aid given by collateral branches of science, chemistry, microscopy, bacteriology and physiology. They supply us with knowledge concerning ætiology of disease, permit us to familiarize ourselves with minute anatomy, and instruct us in the operations and functions of essential organs.

Microscopy stands pre-eminent as an adjunct to the art under consideration; it unfolds to our perception the existence of minute organisms that, remotely, were not known. Through it we may study their development, and learn to identify them. Chemistry arms us with effective agents to combat these hordes of bacteria and neutralize their products. Thus the progress of one art is regulated, in a great measure, by the advancement of collateral branches.

In surgery we deal with a deceased or deformed body, and this involves the necessity of accurate knowledge of normal and abnormal conditions. An erroneous idea of pathology, or an imperfect idea of anatomy, influences, in a marked degree, the method of procedure. Ancient surgery had these elements to contend against, and it has been our good fortune to live at a time when these inconsistencies have passed away. New operations have sprung into life and favor as a result of astonishing discoveries in

these side branches of science. Reasoning from analogy, scientific men were convinced that the regularity and uniformity of certain pathological conditions could not develop, except from a vital principle, reproductive, and antagonistic to the human body. The theory was not new, but its application was defective. In the absence, then, of demonstration, speculation as to the ætiology of disease became popular and erratic, combining, in some instances, all the nonsense of primitive superstition, and in others the half developed product of scientific research. Surgery then rose to a position of consequence, in view of these developments, that challenges the admiration of the world, and is placed in such a position that it may resist forever these retrograde movements. Notwithstanding all this, there is a natural limit to its application, which cannot be pointed out till scientific research has revealed to our senses the important facts that lie hidden beyond the possibilities of the present.

In the evolution of man, his sentient nature is so amplified that he must constantly be brought into rapport with his surroundings, with the physical world and its operations, of which he has heretofore been ignorant. The movement of the masses, however, is slow and uncertain. It depends upon the individual, the genius, who seems to rise to the surface to bridge the chasm that separates us from these astonishing inventions and discoveries.

Koch, Pasteur and others were geniuses. Roentgen, likewise, by accident, discovered a fact in the study of light, around which scientific men had been hovering for many years. Crooke's tubes, the Rhumakoff coli, and all the paraphernalia he employed, were not new, but certain actinic rays were found to produce an effect through solid, opaque substances, operating on chemicals in such a way as to produce skiagraphs, or shadow-pictures. Here surgery is the beneficiary. It enables us to locate foreign bodies in the tissue, and determine other facts that are important.

We are indebted, then, to collateral branches for the impetus and data upon which all, or nearly all, our advancement depends. Naturally, the surgeon must possess what is popularly termed nerve. Older surgeons possessed this in a large degree; otherwise they could not have performed difficult operations in the absence of the

necessary adjuncts—chloroform and ether. Organs are now removed with impunity that were a few years since regarded outside the jurisdiction of surgery.

The specialization of the brain has become so accurate, and the functions of its various parts so well understood, that some affections of this organ are amenable to surgical treatment.

The introduction of the operation of hysterectomy is, perhaps, the greatest step forward that has been taken in modern times. The high operation and the vaginal combine to cover all possible forms of uterine diseases, growths, or degenerative processes. The high operation for urinary calculus is a great improvement over any other for cases in which a stone or foreign body is wholly, or in part, encysted. The success of this procedure results from the easy access to the inside of the viscous, making it possible to remove with certainty every fragment.

Operations upon the rectum have, in the last few years, been more radical and rational. Aside from those individuals who regard the organ as an anomaly, the profession is taking a more rational view of the influence its diseases exercise on the general system.

In abdominal surgery we see the advantage that has accrued as a direct result of a more progressive pathology. The peritoneum was the *bete noir* of the old-time surgeon. They avoided it always. Certainly, a membrane so active and helpful under aseptic conditions is capable otherwise of doing great mischief. Wounds and morbid conditions of the abdominal viscera are managed better than ever, notwithstanding the imperfection of the technique of the various operations, especially so when considering those of the intestines. Here we have no guide; each uses those methods and adjuncts that give the best results. The best, perhaps, for operations on the small intestines, such as circular enterorraphy, enterectomy, lateral anastomosis or operations on the gall-bladder and its ducts, is the metallic button of Murphy; especially so if the case is urgent and requires haste. Rapidity of procedure and reliability are the desiderata. Drainage is an important subject. How and when to drain engrosses the attention of the profession.

more than ever. There are many methods, and each is good under certain circumstances.

Under absolute aseptic conditions, the system seems capable of tolerating any substance, and either absorbs it or encysts it. Capillary drainage by sterilized gauze seems to take precedence over all other methods. The Mikulicz is superior, as applied to drainage of the abdomen.

Surgery of the bony tissue, concurrently with the foregoing, has steadily advanced, and nothing new, especially, can be recorded; though the protean character of tubercular infection has thrown a flood of light on diseases of this tissue. The entire infected region must be removed in order to insure good results, and, even after total removal of all diseased bone, there is a prospect of a return if engorged and infected lymphatics are left in the tissue. Filling of the cavity, after osteotomy, with bone chippings, or sterilized blood clot and other substances, has resulted favorably in many cases, but it is not practical in consequence of the difficulty of rendering the field of operation perfectly aseptic.

The marked tendency to specialize medicine and surgery is, in my mind, unfair and harmful. It requires all the knowledge of an advanced physician to do surgery, and all the qualifications of a good surgeon to practice medicine satisfactorily—I shall not say profitably. This is a self-evident proposition. In following a specialty, excepting, perhaps, the oculist, the numerical strength of the profession is so far in excess of actual demand that it is simply a struggle for existence with many, and a meager remuneration for a majority of educated, refined men, who work hard enough, and use brain capital enough, to place them in independence, if directed in any avenue of commerce. This very condition, unhappily, exposes the profession to the suspicion, not always unjust, of operating without just cause, many times not unmindful of the free prospective. It is offered in evidence that the man who operates often must necessarily be better qualified to operate once; but this is not absolutely true, since we rarely find identical pathological conditions. That which experienced operators acquire, and which is vital, is the moral insensibility to results, apart from those tabulated and highly edifying statistics.

that in the end must vanquish death and arm mankind with physical immortality ; that tranquillity of soul and peace of mind which enshrouds a worthy son of Esculapius, when, to put it mildly, the patient does not recover.

The doctor and the surgeon must be combined in the same individual. The urban population cannot appreciate the severance of the two as much as remote and isolated fields. In the latter case, lives might be lost before a surgeon specialist could be reached. In the former case, the easy access to hospitals and specialists obviates the objections.

Again, if we rob the general practitioner of the most interesting and, I might say, profitable branches of his business, what incentive is there to spur him on to deeds of heroism and self-abnegation ? The years of scholastic life, added to the years necessary to acquire his profession, and this justly is being lengthened, would qualify him for what ? Why, to intelligently direct his patients to some convenient specialist. This reminds one of the habit of wild ducks on the Atlantic coast. Large and small feed on a common ground. The small ones dive to the bottom for wild celery, which, when they come to the surface, is appropriated by the larger without ceremony.

The dentist gets the teeth ; the oculist and aurist the eye and ear ; the dermatologist the skin ; the orificial surgeon the outlets and inlets ; the gynæcologist the uterus and its appendages ; the nose and throat specialist, the larynx and pharynx ; the surgeon takes things in general ; the lung man comes in for a share ; the chiropodist pares the corns ; the obstetrician and midwife must not be forgotten, and the general practitioner gets the remainder. If the aforesaid specialists confined themselves to their specialty, the plan would not, perhaps, work injury to any one ; but, as a matter of fact, excluding oculists and dentists, they do not. Surgery is an auxiliary, a hand-maid, of medicine in its catholic sense. The renowned surgeons of the past, with few exceptions, were something more ; they were histologist, microscopists, and labored in all fields of the profession. Ambrose Paré, a French surgeon, re-introduced the ligature, it is said, in about the sixteenth century.

What had rendered it obsolete during the preceding thousand years? It is said the world lost a mine of knowledge when the Alexandrian library was destroyed. No doubt this is true, but in this age of printing no loss of this nature could relegate us to a state of barbarism. Superstition did it. When charms, phylacteries and incantations commanded more respect and confidence than legitimate medicine, it is not strange that medicine decayed. The renaissance of surgery is now; we live to see it. What shall be revealed to those coming upon the field of action in the future, cannot be predicted. The possibilities of the future are limitless. We move onward rapidly. Activity is life, stagnation is death.

CONSTITUTION.

ARTICLE I.

This Society shall be known as the HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO; and its object shall be the advancement of the medical science.

ARTICLE II.

Any physician of good moral character, who is a graduate of any legally constituted and reputable medical college, and who subscribes to the doctrine, *Similia Similibus Curantur*, may be elected a member of this Society, upon recommendation of the Board of Censors, by a vote of two-thirds of the members present at any annual meeting.

ARTICLE III.

Every member shall, upon admission, sign the Constitution and By-Laws, and pay the initiation fee.

ARTICLE IV.

Any non-resident physician, or such other person, resident or non-resident, as may be judged worthy, from his superior attainments in medicine or collateral branches, may be elected an honorary member by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall not vote, and shall not be eligible to office.

ARTICLE V.

The officers of the Society shall consist of a President, two Vice-Presidents, a Secretary, Treasurer, and seven Censors, who shall be elected by ballot by a majority of the members present at any annual meeting; and who shall hold office until the adjournment of the annual meeting next after that at which they were elected, and until their successors are chosen and qualified.

ARTICLE VI.

It shall be the duty of the President to preside at all meetings of the Society, to preserve order, to put questions, announce decisions, and to name the members of committees not otherwise appointed.

ARTICLE VII.

It shall be the duty of the Vice-Presidents, in the order of their appointment, to discharge the duties of the President in his absence.

ARTICLE VIII.

It shall be the duty of the Secretary to give notice of the annual and other meetings of the Society, keep a record of the proceedings, conduct its correspondence, and have charge of its archives.

ARTICLE IX.

It shall be the duty of the Treasurer to receive all moneys, make all necessary disbursements, and report the same at the annual meeting.

ARTICLE X.

It shall be the duty of the Censors to receive all applications for membership, and to receive and report to the Society upon the possession by the candidates of the qualifications required by the Constitution. Three members of the Board of Censors shall constitute a quorum.

ARTICLE XI.

The annual meeting of the Society, at which time its officers shall be elected, shall be held at such place as shall be designated in the By-Laws, on the second Tuesday in May of each year, and such other meetings shall be held as shall be ordered by the By-Laws.

ARTICLE XII.

Nine members of the Society shall constitute a quorum.

ARTICLE XIII.

Any article in this Constitution may be altered or amended by a vote of two thirds of the members present at the annual meeting, provided that notice of each intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

SECTION 1. The annual meeting of the Society shall be held at such place as may be determined by a majority of the members at each regular meeting.

SEC. 2. The initiation fee shall be one dollar, and annual dues shall be two dollars, invariably in advance.

SEC. 3. At each annual meeting committees shall be appointed to report upon such subjects as the Society may designate.

SEC. 4. All communications read before the Society shall become its property; but no paper shall be published as a part of the transactions of the Society without its sanction

SEC. 5. The regular order of business of each meeting shall be arranged by the President and Secretary.

SEC. 6. All papers presented to the Society may be read by synopsis or in full, not to exceed ten minutes, except the Chairman's, which may have fifteen. Discussions shall be limited to five minutes to each speaker, and no person shall speak more than twice on the same paper. Each paper shall be offered for discussion immediately after its reading.

SEC. 7. These By-Laws may be altered or amended at any regular meeting, by a vote of a majority of the members present.

STANDING RESOLUTIONS.

Resolved, That we do not deem it best to issue certificates of qualifications to any person or persons except they be already members of this Society, but would refer all such cases to local, county or congressional district societies.

Adopted June 9, 1868.

Resolved, That hereafter no paper shall be published with the proceedings of this Society, the substance of which, at least, has not been addressed to the Society.

Adopted May 11, 1870.

Resolved, That all members of the Society who shall remove from the State shall remain members of the Society only on payment of dues up to the time of removal, after suitable notice.

Resolved, That all members of the Society, non-residents of the State, shall be exempt from all financial obligations to the Society.

Adopted May 14, 1873.

Resolved, That hereafter when any member becomes in arrears for three years his name shall be stricken from the list of members, after due notice. No member in arrears shall receive a copy of the Transactions.

Resolved, That such members may be restored to the list upon payment of arrearage to date of restoration.

Adopted May 12, 1875.

Resolved, That the Secretary and Treasurer of this Society shall not, during incumbency, be required to pay annual dues.

Adopted May 14, 1890.

OFFICERS OF THE SOCIETY

SINCE ITS ORGANIZATION, 1864.

1865.

President—A. O. Blair, M. D., Cleveland.
First Vice-President—E. C. Witherill, M. D., Cincinnati.
Second Vice-President—W. Webster, M. D., Dayton.
Third Vice-President—A. C. Barlow, M. D., Lancaster.
Secretary—C. Cooper, M. D., Cincinnati.
Treasurer—G. H. Blair, M. D., Columbus.

1866.

President—Lewis Barnes, M. D., Delaware.
First Vice-President—J. Bosler, M. D., Dayton.
Second Vice-President—A. Shepherd, M. D., Glendale.
Secretary—E. P. Penfield, M. D., Bucyrus.
Treasurer—C. C. White, M. D., Columbus.

1867.

President—D. H. Beckwith, M. D., Cleveland.
First Vice-President—Geo. H. Blair, M. D., Columbus.
Second Vice-President—H. S. Barbour, M. D., Galion.
Secretary—W. Webster, M. D., Dayton.
Treasurer—C. C. White, M. D., Columbus.

1868.

President—J. Bosler, M. D., Dayton.
First Vice-President—G. H. Blair, M. D., Columbus.
Second Vice-President—E. C. Beckwith, M. D., Zanesville.
Secretary—A. Shepherd, M. D., Glendale.
Treasurer—C. C. White, M. D., Columbus.

1869.

President—W. Webster, M. D., Dayton.
First Vice-President—E. L. Flowers, M. D., New Lexington.
Second Vice-President—A. Shepherd, M. D., Glendale.
Secretary—T. P. Wilson, M. D., Cleveland.
Treasurer—C. C. White, M. D., Columbus.

1870.

President—E. B. Thomas, M. D., Cincinnati.
First Vice-President—S. S. Lungren, M. D., Toledo.
Secretary—T. P. Wilson, M. D., Cleveland.
Treasurer—C. C. White, M. D., Columbus.

1871.

President—E. C. Beckwith, M. D., Zanesville.
First Vice-President—W. Webster, M. D., Dayton.
Second Vice-President—Lewis Barnes, M. D., Delaware.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1872.

President—T. P. Wilson, M. D., Cleveland.
First Vice-President—M. H. Slosson, M. D., Dayton.
Second Vice-President—J. M. Parks, M. D., Hamilton.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1873.

President—S. S. Lungren, M. D., Toledo.
First Vice-President—J. D. Buck, M. D., Cincinnati.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1874.

President—J. D. Buck, M. D., Cincinnati.
First Vice-President—J. H. Coulter, M. D., Columbus.
Second Vice-President—G. J. Jones, M. D., Grafton.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1875.

President—J. R. Flowers, M. D., Columbus.
First Vice-President—C. C. White, M. D., Columbus.
Second Vice-President—W. M. Detweiler, M. D., Findlay.
Secretary—W. A. Phillips, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

The following year, 1876, being the Centennial, and the profession being largely occupied with the World's Convention, which met in Philadelphia, no session of the Society was held.

1877.

President—W. M. Detweiler, M. D., Findlay.
First Vice-President—R. B. Rush, M. D., Salem.
Second Vice-President—Wm. Owens, M. D., Cincinnati.
Secretary—W. A. Phillips, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1878.

President—J. B. Hunt, M. D., Delaware.
First Vice-President—H. H. Baxter, M. D., Cleveland.
Second Vice-President—E. P. Gaylord, M. D., Cleveland.
Secretary—A. N. Ballard, M. D., (*pro tem*), Shelby.
Treasurer—J. C. Sanders, M. D., Cleveland.

1879.

President—H. H. Baxter, M. D., Cleveland.
First Vice-President—E. P. Gaylord, M. D., Toledo.
Second Vice-President—Wm. Owens, M. D., Cincinnati.
Secretary—H. M. Logee, M. D., Oxford.
Treasurer—J. C. Sanders, M. D., Cleveland.

1880.

President—E. P. Gaylord, M. D., Toledo.
First Vice-President—Wm. Owens, M. D., Cincinnati.
Second Vice-President—E. Gillard, M. D., Sandusky.
Secretary—J. A. Gann, M. D., Wooster.
Treasurer—J. C. Sanders, M. D., Cleveland.

1881.

President—H. M. Logee, M. D., Oxford.
First Vice-President—M. H. Parmelee, M. D., Toledo.
Second Vice-President—G. W. Moore, M. D., Springfield.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1882.

President—Wm. Owens, M. D., Cincinnati.
First Vice-President—E. Van Norman, M. D., Springfield.
Second Vice-President—C. C. White, M. D., Columbus.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1883.

President—C. C. White, M. D., Columbus.
First Vice-President—C. E. Walton, M. D., Hamilton.
Second Vice-President—W. A. Phillips, M. D., Cleveland.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1884.

President—J. C. Sanders, M. D., Cleveland.
First Vice-President—J. P. Geppert, M. D., Cincinnati.
Second Vice-President—M. P. Hunt, M. D., Delaware.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—William T. Miller, M. D., Cleveland.

1885.

President—R. B. Rush, M. D., Salem.
First Vice-President—G. C. McDermott, M. D., Cincinnati.
Second Vice-President—E. R. Eggleston, M. D., Mt. Vernon.
Secretary—H. E. Beebe, M. D., Sidney.
Assistant Secretary—S. P. Geiser, M. D., Cincinnati.
Treasurer—William T. Miller, M. D., Cleveland.

1886.

President—H. E. Beebe, M. D., Sidney.
First Vice-President—A. Claypool, M. D., Toledo.
Second Vice-President—O. D. Childs, M. D., Akron.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—H. A. Chase, M. D., Toledo.
Treasurer—William T. Miller, M. D., Cleveland.

1887.

President—A. Claypool, M. D., Toledo.
First Vice-President—J. W. Clemmer, M. D., Columbus.
Second Vice-President—R. N. Warren, M. D., Wooster.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—C. L. Cleveland, M. D., Cleveland.
Treasurer—H. Pomeroy, M. D., Cleveland.

1888.

President—N. Schneider, M. D., Cleveland.
First Vice-President—E. R. Eggleston, M. D., Mt. Vernon.
Second Vice-President—J. A. Gann, M. D., Wooster.
Secretary—C. D. Walton, M. D., Hamilton.
Assistant Secretary—M. B. Hunt, M. D., Cleveland.
Treasurer—H. Pomeroy, M. D., Cleveland.

1889.

President—C. E. Walton, M. D., Hamilton.
First Vice-President—C. L. Cleveland, M. D., Cleveland.
Second Vice-President—Frances G. Derby, M. D., Cleveland.
Secretary—Frank Kraft, M. D., Sylvania.
Assistant Secretary—C. D. Crank, M. D., Cincinnati.
Treasurer—H. Pomeroy, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1890.

President—John A. Gann, M. D., Wooster.
First Vice-President—Orpha D. Baldwin, East Portland, Ore.
Second Vice-President—C. A. Pauly, M. D., Cincinnati.
Secretary—Frank Kraft, M. D., Sylvania.
Assistant Secretary—C. C. True, M. D., Cleveland.
Treasurer—H. Pomeroy, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1891.

President—E. R. Eggleston, M. D., Cleveland.
First Vice-President—O. A. Palmer, M. D., Warren.
Second Vice-President—O. D. Childs, M. D., Akron.
Secretary—R. B. House, M. D., Springfield.
Assistant Secretary—T. G. Barnhill, M. D., Findlay.
Treasurer—C. D. Ellis, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1892.

President—C. D. Crank, M. D., Cincinnati.
First Vice-President—M. H. Parmelee, M. D., Toledo.
Second Vice-President—T. G. Barnhill, M. D., Findlay.
Secretary—Thos. M. Stewart, M. D., Cincinnati.
Assistant Secretary—S. R. Geiser, M. D., Cincinnati.
Treasurer—C. D. Ellis, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1893.

President—M. H. Parmelee, M. D., Toledo.
First Vice-President—H. B. Van Norman, M. D., Cleveland.
Second Vice-President—S. R. Geiser, M. D., Cincinnati.
Secretary—Thos. M. Stewart, M. D., Cincinnati.
Assistant Secretary—A. C. Roll, M. D., Toledo.
Treasurer—R. B. House, M. D., Springfield.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1894.

On account of the World's Fair at Chicago, Ill., in 1893, no meeting of the Society was held in Ohio. The officers elected for the previous year were therefore retained, and the Homeopathic Medical Society of Ohio attended the sessions of the World's Congress of Homeopathic Physicians and Surgeons, held in Chicago, May 24 to June 3, 1893.

1895.

President—R. B. House, M. D., Springfield.
First Vice-President—Wm. Watts, M. D., Toledo.
Second Vice-President—W. C. Hastings, M. D., Van Wert.
Secretary—Thos. M. Stewart, M. D., Cincinnati.
Assistant Secretary—Frank Kraft, M. D., Cleveland.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1896.

President—W. A. Phillips, M. D., Cleveland.
First Vice-President—Thos. M. Stewart, M. D., Cincinnati.
Second Vice-President—Emma L. Boice, M. D., Toledo.
Secretary—A. C. Roll, M. D., Toledo.
Assistant Secretary—J. C. Fahnestock, M. D., Piqua.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1896.

President—M. P. Hunt, M. D., Columbus.
First Vice-President—W. A. Geohegan, M. D., Cincinnati.
Second Vice-President—J. T. Ellis, M. D., Waynesville.
Secretary—A. C. Roll, M. D., Toledo.
Assistant Secretary—R. B. Carter, M. D., Akron.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

MEMBERS.

A

NAMES.	LOCATION.	ADMITTED.
Allen, H. C. (Honorary),	Chicago, Ill., 1542 Washington Avenue,	1883
Ames, C. S.,	Ada,	1894
Arndt, G. D.,	Mt. Vernon,	1896

B

Baker, De F.,	Cleveland, 106 Euclid Avenue,	1879
Baldwin-Bruce, Orpha D.,	Tampa, Fla., 1032 Florida Avenue,	1887
Ballard, A. N.,	Birmingham, Ala.,	1877
Banning, Carina B. C., B. S.,	Willoughby,	1895
Banning, Edward P.,	Willoughby,	1895
Barnhill, T. G.,	Findlay,	1875
Baxter, H. H.,	Cleveland, 168 Huron Street,	1868
Beckwith, D. H.,	Cleveland, 528 Prospect Street,	1864
Beckwith, S. R.,	East Orange, N. J.,	1864
Beebe, H. E.,	Sidney,	1873
Bickerstaff, Thomas A.,	Tontogany,	1896
Bishop, H. D.,	Cleveland, 89 Euclid Avenue,	1894
Bissell, Geo. R.,	Columbus, 835 Franklin Avenue,	1892
Bittinger, Frank D.,	Dayton,	1896
Blackburn, W. J.,	Salem,	1895
Blinn, J. C.,	Chesterville,	1890
Boice-Hays, Emma L.,	Toledo, corner Monroe and 23d Streets,	1888
Bradley, B. A.,	Cincinnati, Wallace Avenue, Avondale,	1882
Brenizer, N. O.,	Austin, Tex.,	1888
Brickley, Laura C.,	Cincinnati, Cor. Chase and Hamilton Avenues,	1888
Buck, J. D.,	Cincinnati, 124 West Seventh Street,	1869
Buell A. C.,	Cleveland, 76 Euclid Avenue,	1885

C

Campbell, M. Elizabeth,	Toledo,	1894
Canfield, M. A.,	Cleveland, 24 Streator Avenue,	1877
Carpenter, W. B.,	Columbus, 657 North High Street,	1883
Carter, H. W.,	Cuyahoga Falls,	1871
Carter, R. B.,	Akron,	1887
Champlin, H. D.,	Cleveland, 664 Clark Avenue,	1887

NAMES.	LOCATION.	ADMITTED
Chapman, E. K.,	Defiance,	1894
Church, T. T.,	Salem, 70 East Main Street,	1886
Clark, G. E.,	Stillwater, Minn.,	1883
Claypool, Albert,	Toledo, 711 Madison Street,	1877
Clemmer, J. W.,	Columbus, 238 East State Street,	1884
Coffeen, C. R.,	Piqua,	1882
Conard, C. K.,	Mt. Vernon,	1894
Cook, J. H.,	New Carlisle,	1892
Countryman, A. M.,	Cincinnati, 1475 Eastern Avenue,	1889
Crank, C. D.,	Cincinnati, 231 Auburn Avenue,	1877
Cranz, D. E.,	Akron,	1886
Crawford, J. M.,	St. Petersburg, Russia,	1884
Crismore, Jas. M.,	Helena,	1886
Croft, W. B.,	Medina,	1884
Cummer, R. J.,	Cleveland, Clarence Building,	1895
Curtis, H. N.,	Marietta,	1895
Curtis, H. W. (Honorary),	Chagrin Falls,	1867
Cushing, C. F.,	Elyria,	1868

D

Damon, G. J.,	Medina,	1891
Darby, E. A.,	St. Paul, Minn., 296 Endicott Arcade,	1894
Denison, Mary E.,	Toledo, 310 East Woodruff Avenue,	1894
Dudley, Mrs. Maurice,	Covington, Ky., Greenup St., bet. 4th and 5th,	
Duncan, T. C. (Honorary),	Chicago, Ill., 100 State Street,	1881

E

Edgar, S. F.,	Zanesville,	1874
Egglesston, E. R.,	Mt. Vernon,	1877
Ellis, C. D.,	Cleveland, 433 Pearl Street,	1890
Ellis, J. T.,	Waynesville,	1885
Evelyn, R. S.,	Cleveland, 526 Prospect Street,	1892

F

Fahnestock, J. C.,	Piqua, 510 North Main Street,	1882
Fawcett, J. M.,	Wheeling, W. Va., cor. Market and 7th Streets,	1892
Ferris, Charles,	College Hill,	1896
Ferris, Jacob,	College Hill,	1889
Forward, C. B.,	Cleveland, 176 Euclid Avenue,	1895
Fowler, E.,	Cleveland, 1439 Broadway,	1868
Frost, W. A.,	Tecumseh, Mich.,	1881

G

Gann, J. A.,	Wooster,	1877
Gaylord, Wm.,	Sandusky,	1885
Geiser, S. R.,	Cincinnati, 1511 Baymiller Street,	1880
Geohegan, Wm. A.,	Cincinnati, 918 Hawthorne Avenue, Price Hill,	1889

NAMES.	LOCATION.	ADMITTED
Gill, Luther T.,	Gibsonburg,	1896
Gillard, Edwin,	Sandusky, 423 Columbus Avenue,	1875
Ginn, C. F.,	Miamisburg,	1882
Goodwin, E. M.,	Toledo, 229 Superior Street,	1872
Grant, Geo. D.,	Springfield,	1881
Graybill, J. D. (Honorary)	Shreveport, La., 828 Cotton Street,	1882
Gregory, W. M.,	Berea,	1895
Griggs, O. P.,	Ashtabula, 207 Main Street,	1885

H

Hall, Charles A.,	Cleveland, 176 Euclid Avenue,	1895
Hall, E. M.,	Delaware, 18 West Winter Street,	1873
Hammer, A. J.,	Toledo, 917 Broadway,	1892
Hart, F. C.,	West Unity,	1886
Hartshorn, D. W.,	Cincinnati, 168 West Ninth Street,	1871
Harvey, J. H.,	Toledo, Darst Block,	1894
Hastings, W. C.,	Van Wert, 11 South Washington Street,	1887
Hatch, H. S.,	Madison, Ind.,	1892
Hayden, A. S.,	Salem,	1884
Hershberger, J. P.,	Lancaster,	1887
Hills, H. B.,	Youngstown, 31 West Wood Street,	1889
Hinsdale, W. B.,	Ann Arbor, Mich.,	1890
Holiday, Elwood,	West Elkton,	1886
House, R. B.,	Springfield, 108 East High Street,	1881
Houston, H. C.,	Urbana,	1882
Howard, Elmira Y.,	Cincinnati, Henrietta Building,	1871
Hoyt, C.,	Chillicothe, 39 South Paint Street,	1882
Hoyt, Wm.,	Hillsboro,	1871
Hunt, Francis M.,	Piqua,	1896
Hunt, J. S.,	Athens,	1896
Hunt, M. P.,	Columbus, The Ruggery,	1881

J

Jewitt, E. H.,	Cleveland, 106 Euclid Avenue,	1887
Johnson, R. B.,	Ravenna,	1869
Jones, G. J.,	Cleveland, 5 Rockwell Street,	1873
*Jump, Julia C.,	Oberlin,	1892

K

Kersey, J. B.,	Bond Hill,	1892
Kilgour, P. T.,	College Hill,	1892
King, Eliz. B.,	Willow Dell,	1896
King, John C.,	Banning, Cal.,	1883
Kinsell, D. R.,	Columbus, 134 East State Street,	1864
Kirk, Ellen M.,	Cincinnati, 169 West Seventh Street,	1880
Knight, Thomas W.,	Portage,	1896
Kraft, Frank,	Cleveland, 57 Bell Avenue,	1888
Kurt, Katherine,	Akron,	1895

— — — *Deceased.

L

NAMES.	LOCATION.	ADMITTED
Layton, J. Geo.,	Cleveland, 2153 Superior Street,	1895
Leffmon, Mary F.,	Cadiz,	1894
Leronge, L.,	Cleveland, 5 Euclid Avenue,	1894
Livermore, F. B.,	Cleveland, 175 Euclid Avenue,	1895
Logee, H. M.,		1877
Loomis, F. R.,	Jefferson,	1886
Lounsbury, O. W.,	Wyoming,	1873
Lunger, J. S.,	Prospect,	1894

M

McCann, T. A.,	Dayton,	1896
McClure, A. E.,	Lakewood,	1895
McClure, W. B.,	Martins' Ferry,	1896
McCormick, A. L.,	Cincinnati, 3110 Woodburn Ave., Walnut Hills,	1885
McDermott, G. C.,	Cincinnati, Odd Fellows Temple,	1880
McGranaghan, W. H.,	Youngstown,	1895
McTaggart, D. C.,	Bryan,	1894
Martin, T. C.,	Cleveland, 791 Prospect Street,	1887
Marvin, J. J.,	Pleasant Ridge,	1878
Maxwell, L. K.,	Toledo, 1615 Twenty-second Street,	1891
Meade, C. C.,	Cumminsville,	1896
Meade, S. J. D.,	Cincinnati, 45 Everett Street,	1889
Meader, Lee Douglas,	Cincinnati, 100 West Seventh Street,	1895
Means, J. W.,	Troy,	1886
Metzger, Charles,	Lima, 213½ South Main Street,	1884
Miller, H. T.,	Springfield, 113 East High Street,	1895
Miller, John M.,	Springfield, 113 East High Street,	1882
Miller, Wm. T.,	Cleveland, 122 Euclid Avenue,	1879
Mohn, D. L.,	Ashland,	1896
Monroe, A. L. (Honorary),	Louisville, Ky.,	1889
Morley, F. W.,	Sandusky,	1890
Morrison, F. A.,	Rock Creek,	1890
Munns, C. O.,	Oxford,	1885
Murdoch, Wm.,	Akron,	1877

N

Nelles, A. B.,	Columbus, 122 East State Street,	1896
Norris, J. C.,		1886

O

Olmsted, C. C. (Honorary),	Kansas City, Mo.,	1864
Outland, W. H.,	Zanesfield,	1882
Overpeck, J. W.,	Hamilton, cor. Third and Dayton Streets,	1892
Owens, J. B.,	Los Angeles, Cal., 525 South Broadway,	1864
Owens, Wm.,	Cincinnati, cor. Seventh and John Streets,	1871

P

NAMES.	LOCATION.	ADMITTED
Palmer, H. E.,	Dayton,	1896
Palmer, I. N.,	Newark,	1892
Palmer, O. A.,	Warren,	1888
Parmelee, M. H.,	Toledo, 1717 Jefferson Street,	1872
Pauly, C. A.,	Cincinnati, Odd Fellows Temple,	1888
Peters, Wilson L.,	Nebraska,	1895
Phillips, Lincoln,	Hartwell,	1892
Phillips, W. A.,	Cleveland, 89 Euclid Avenue,	1879
Pomeroy, H.,	Cleveland, 116 Ingleside Avenue,	1884
Porter, Phil.,	E. Detroit, Mich., 33 Adams Avenue,	1888
Pratt, E. H. (Honorary),	Chicago, Ill., Central Music Hall,	1889
Pulford, William Henry,	Delaware,	1896

Q

Quay, Geo. H.,	Cleveland, 122 Euclid Avenue,	1885
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R

Reddish, A. W.,	Sidney,	1883
Reed, R. G.,	Louisville, Ky., 42 Fonda Building,	1892
Reese, Owen C.,	Toledo, 314 Erie Street,	1892
Rhonehouse, G. W.,	Maumee,	1886
Ring, Chas. F.,	Asheville, N.C.	1885
Robb, Isaac,	Cleveland, 2238 Euclid Avenue,	1892
Robinson, Emily,	Toledo, 913 Huron Street,	1892
Roll, A. C.,	Cleveland, 53 Bolivar Street,	1895
Roper, P. B.,	Chicago, Ill.,	1886
Rorich, F. H.,	Covington,	1889
Rosenberger, A. S.,	Leipsic,	1896
Ruhl, H. C.,	Salem, 70 East Main Street,	1868
Rush, R. B.,	Wellington,	1895
Rust, Carl,	Cleveland, 29 Euclid Avenue,	1887
Rust, E. G.,		

S

Salisbury, S. S.,	Los Angeles, Cal.	1877
Sanders, J. C.,	Cleveland, 608 Prospect Street,	1864
Sanders, J. Kent,	Cleveland, 106 Euclid Avenue,	1884
Sawyer, C. E..	Marion, 265 and 267 South Main Street,	1883
Scheble, A. E.,	Toledo, 228 Twelfth Street,	1894
Scheble, M. M.,	Ashley,	1895
Scheib, J. Phil.,	Indianapolis, Ind.,	1892
Schneider, Adolph B.,	Cleveland, 484 and 485 The Arcade,	1895
Schneider, J.,	Cleveland, 44 Harbor Street,	1892
Shappee, W. A.,	Xenia,	1889
Sherwood, H. A.,	Warren,	1877
Sigrist, C. W.,	New Philadelphia,	1896

NAMES.	LOCATION.	ADMITTED
Sigrist, P. H.,	New Philadelphia, 132 East High Street,	1895
Simmons, H. B.,	Bellefontaine,	1895
Smith, Francis A.,	Zanesville,	1896
Snow, Henry,	Norwood, Cincinnati,	1892
Somers, Frank W.,	Cleveland, 1545 Lorain Street,	1895
Spicer, J. H.,	Whitehouse,	1892
Stacy, Sumner A.,	Coshocton,	1896
Stafford, F. A.,	Toledo, Monroe Street,	1896
Steddom, Chas.,	Monroe,	1892
Steingraver, F. C.,	Bluffton,	1883
Stephens, J. A.,	Cleveland, 122 Euclid Avenue,	1884
Stewart, Thos. M.,	Cincinnati, 704 Elm Street,	1888
Stoner, J. W.,	North Baltimore,	1891
Strong, C. H.,	Toledo, 915 Madison Street,	1891
Sutphin, J. T.,	Middletown,	1871

T

Thomas, E. P.,	Bowling Green;	1894
Thomas, W. B.,	Cleveland, 1501 Wilson Avenue,	1895
Thompson, Jno. A.,	McComb,	1894
Trego, W. E.,	Delaware,	1894
Tritch, J. C.,	Findlay, 232½ South Main Street,	1894
True, C. C.,	Cleveland, 176 Euclid Avenue,	1885
Turrill, Geo. E.,	Cleveland, 176 Euclid Avenue,	1894

V

Vance, J. W.,	Madison, Wis.,	1878
Van Norman, E. V.,	San Diego, Cal., cor. Sixth and C Streets,	1871
Van Norman, H. B.,	Cleveland, 289 Pearl Street,	1865
Viets, B. B.,	Cleveland, 176 Euclid Avenue,	1886
Von Fried, A.,	Cleveland, 1897 East Madison Avenue,	1896

W

Waddell, Flora A.,	Wauseon,	1886
Waite, Kent B.,	Cleveland, 176 Euclid Avenue,	1890
Walter, Z. D.,	Marietta,	1872
Walton, C. E.,	Cincinnati, cor. Seventh and John Streets,	1880
Watts, Wm.,	Toledo, 339 Huron Street,	1881
Webster, Frank,	Dayton,	1895
Webster, William Herr,	Dayton,	1895
Wells, W. E.,	Cleveland, 433 Pearl Street,	1890
Wesco, A. J.,	Seven Mile,	1892
White, F. R. Smith,	Cardington,	1892
Whitehead, J. H.,	Bowling Green,	1877
Wiggers, H. H.,	Cincinnati, 529 Everett Street,	1892
Wilder, Guert E.,	Sandusky,	1895
Wilson, J. H.,	Bellefontaine,	1867
Wilson, T. P. (Honorary),	Cleveland, 106 Euclid Avenue,	1864

MEMBERS.

NAMES.	LOCATION.	ADMITTED
Williams, J. W.,	Weston	1886
Williams, W. L.,	Cincinnati, Woodburn Ave., Walnut Hills,	1889
*Williamson, W. P.,	Tippecanoe City,	1896
Wine, J. Wilford,	Troy,	1896
Winship, Annette T.,	Cleveland, 525 Prospect Street,	1895
Wollam, F. W.,	Jerry City,	1896
Wood, James C.,	Cleveland, 122 Euclid Avenue,	1894
*Wright, N. E.,	Berea,	1879
Wunderlich, E. J.,	Cleveland, 493 Scoville Avenue,	1884
Wyant, Ira L.,	Chester Cross Roads.	1895
Wyland, Frederic,	Columbus, 818 North High Street,	1896

Y

Younghusband, L. (Honorary), Detroit, Mich., 79 Elizabeth W., 1890

Z

Zbinden, Christian,	Toledo, 431 Nebraska Avenue,	1894
Zimmerman, Geo.,	Fremont,	1887
Zink, H. F..	Clarington,	1887

*Deceased.

MEMBERS RESIGNED.

Biggar, H. F.,
Goodman, Julia M.,
Hanlin, W. A.,
Hitchcock, Lena E.,

Howells, Martha M.,
Ireland, G. M.,
Linkmyer, M. Belle,
Morrill, E. C.,

Parsons, Kate,
Schell, F. H.,
Thorp, Abner,
Thorpe, S. L.

DECEASED MEMBERS.

1864	Barnes, Lewis,	1891	Jackson, W. S.,
1864	Beckwith, E. C.,	1884	King, Julius,
1864	Blair, A. O.,	1864	Lodge, E. A.,
1871	Brown, B. P.,	1867	Lungren, S. S.,
1884	Clark, F. M.,	1870	McMahon, W. R.,
1883	Cleveland, C. L.,	1892	Monroe, H. I.,
1867	Coburn, S. H.,	1872	Moore, G. W.,
1864	Cropper, Chas.,	1868	Morrill, C. F.,
1870	Dake, J. P.,	1864	Oesterlin, Chas.,
1880	Eaton, M. M.,	1885	Owens, Wm. Jr.,
1871	Ehrman, Benj.,	1870	Pulte, J. H.,
1864	Flowers, F. L.,	1879	Ring, Hamilton,
1880	Flowers, J. R.,	1872	Rowsey, W. T.,
1872	Gaylord, E. P.,	1865	Schneider, N.,
1885	Goucher, E. T.,	1864	Shepherd, A. F.,
1871	Haines, J. W.,	1864	Smith, G. W.,
1882	Hale, T. T.,	1885	Taylor, F. P.,
1890	Hall, S. L.,	1864	Webster, Wm.,
1882	Harris, J. D.,	1886	Wells, T. E.
1871	Hunt, W. H.,		